or- ate A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08757
infor state UPA	1. PLACE OF DEATH	mran 1948)
ould OCC	County the derich the our	Registration Dist. No. 12/
item of should of OCC	Village or City Tredeeak	No. 10 College ave, st., Ward
A SE	Length of residence in city of town where death occurredyrsmos	death occurred in a hospital or installation, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
3D. Every YSICIANS statement	2. FULL NAME PRESIDENT	Gleff not a verteran of any
RD. Every PHYSICIANS ct statement	(a) Residence: No. / OF Use Grand (Usual place of abode)	Stud. Ward. If nonresident give city or town and State
E E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT R	3. SEX J. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR D. WORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
MANEI A C T assified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
SX2	6. DATE OF BIRTH (month, day, and year) 200 // 1885	I last saw h
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
IS sta pro	Trade of or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
HIS be be of	o. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(1 to cers of Junes De 1933
Should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Carry Jenkunny)
INK S sh t it	10. Date deceased last worked at this occupation (month and year)	
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) & Credesick Alle	Other Contributory Causes of infrontance:
AD ed. S, S	(State or country)	Jumme 1934; 2
UNFA supplied n terms, ee instru	13. NAME Frank Refluger	A
y sup ain t	4 14. BIRTHPLACE (city or town)	Name of operation Date of
113	(State of country)	What test confirmed diagnosis
WITI efully in pla	15. MAIDEN NAME Clare Leagley	23. If death was due to external causes (VIOLENCE) fill in elso the following:
Car CH Ort	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
I be Man	(State or country)	Where did Injury occur? (Specify city or town, county and State)
Should be careful OF DEATH in 18 very important.	17. INFORMANT TILLING REGISTRATION (Address) 10 000000000000000000000000000000000	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
on ISE	Place / Willy Getting Date Sug / 1935	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? /YO.
m (Z)	2 2	(Signed)
z U	20. FILED - Ung , 19.35. 2nd , in Clands Registra.	(Address) Heller Ma,
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8, and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis SEP 5 1935	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU . S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	(946)
ich	Registration Dist. No. 131
tevul.	No. Consequency Hosp. St., Ward death occurred in a horpital or multiution, since its NAME infraed of street and number)
vn where death occurredyrsmos	
lin ahalt	NO VETERAY
road Run	St. Ward. A + All
(Usual place of abode) / Nan ATISTICAL PARTICULARS	
ACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	august 20th, 193 5 (Month) (Day) (Year)
lie Slifer	22. I HEREBY CERTIFY, That I attended deceased from
ar) June 19, 1855	I last saw h last said
onths Days If LESS than	to have occurred on the date stated above, at J. T. m.
2 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NER, Laborer.	Conservation of the Conser
L ,	The state of the s
	713
20 11. Total time (years) spent in this occupation	
land.	Other Contributory Causes of importance:
1 acq	anters-sclerong 1930
el Cipolt	
maryland.	Name of operation
0: 10: 00:	What test confirmed diagnosis?
ua sign	23. If death was due to external causes (VIOLENCE) fill In also the following:
maryldma	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
ym Slifer, Sup	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
Byskethwille, md	Manner of injury
19.55 mg 2 1 , 19.55	Nature of injury
thisay Hou	24. Was disease or injury in any way related to occupation of deceased?
num, ma	If so, specify MD
. M. M. M. Registrar	(Address) Tredition
If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis EUEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 5 1935	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item PHYSICIANS statement ORD. Exact PERMANENT CTL V EX properly stated THIS may should that ADING

BINDING

FOR

ARGIN RESERVED

state of infor-OCCUPA 1. PLACE OF DEATH plnods County Registration Dist. No (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_ Ward. (a) Residence: No. St., (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the date stated above, et 2.45 Pm. 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, jo SAWYER, BODKKEEPER, etc. back 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. on 10 Date deceased last worked at 11. Total tima (yeers)
spent in this this occupation (month and / occupation ___60 year) ____ See instructions 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME 14. BIRTHPLACE (city flown) Name of operation_____ plain (State or country) carefully What test confirmed diagnosis? _____ Was there an autopsy?____ MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill In also the following: Accident, suicide, or homicide?_____ Date of Injury______19. DEATH 16. BIRTHPLACE (city or town (State or country) be Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. plnods 17. INFDRMANT OF (Address) WRITE 13 Manner of injury AUSE mation TION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

	11DD111OTALE	or Mon Tor	t I Citillitie	DIMILMINIO	DITI	IDICIAN	~
_							
						The same of the same of	

ADDITIONAL CDACE EOD EHDTHED CTATEMENTS DV

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(F)-0
County Frederick.	Registration Dist. No. 130
Village or City Adamstons	No. St., Ward
	ds. How long in U.S. If of foreign birth?
2. FULL NAME Ruth frene Bak	
(a) Residence: No	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Finale. 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of	22. I HEREBY CERTIFY Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) ling 1935 7. AGE Years Months Days If LESS than 1 dey,hrs.	I lest saw D. C. Y. elive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Congenital malformation
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9.Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year)	Theore !
12. BIRTHPLACE (city or town) Mear adams for (State or country)	Other Coutributory Causes of Importance: Themature Birth
13. NAME arthur Thomas Baker	- No
13. NAME Serthur Homas Baker 14. BIRTHPLACE (city or town) Shaker (State or country)	Neme of operation Dete of Was there an eutopsy? Ho
15. MAIDEN NAME Magaset Etgler	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME (State or country)	Accident, suicide, or homicide?
17. INFORMANT Cultur V. Dafaer (Address) Adamston. 18. BURIAL, CREMATION, DR REMOVAL	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. Manner of injury
Place Ffarmony Date lug 28, 1935	Nature of injury
19. UNDERTAKER & & Deigo Domi	24. Wes disease or injury in any way releted to occupation of deceased? 200
20. FILED 28 8 1985 JETHELEN Registrar.	(Signed) Samuel Se Hoke M. D. (Address) Addamstow M. d.

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Example I VED	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis SEP 3 193	1915	Attack of epilepsy	1 week ago
I bronic interetitial nentilitie	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE O	F MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH		79-a
County Fredrice	2	Registration_Dist, No. / 3 (
Village or City Emil z sen	we Nassital	No Englander of Ward
Length of residenca in city or town where do	eath occurredyrsr	(If death occurred in a horpital or instrution, give in NAME instead of street and number) 105
2. FULL NAME Margn	aret Barn	es.
(a) Residence: No. 523	Klinehasts a (Usual place of abode)	Mey St., J. Ward Leviel War State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		27 I HEREBY CERTIFY, That I attended deceased from
marchyt	h 1935.	July 20 19.35, 10 Peteris 2, 19.35
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	I lest saw (32 alive on 32; death is said to have occurred on the date stated above. A 4 4 m
10 4	2 9 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	ormin.	wera as follows: Data of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Mer. Bu	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et		Entero-coletis fly 36
10. Date deceased last worked et this occupation (month and yaar)	11. Total time (years) spant in this occupation	Maningitis
12. BIRTHPLACE (city or town) Fred	ricles	Other Contributory Causes of importance:
(State or country)	md.	
I 13. NAME Lewis Ba	rnee	
13. NAME Lewis Ba 14. BIRTHPLACE (city or town) Jr Le	drick	Name of operation Date of
(State or country)	md:	What test confirmed diagnosis? Was there an au'opsy? Z
15. MAIDEN NAME anna	Jackson	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Anna 16. BIRTHPLACE (city or town)	edrick	Accident, suicide, or homicide? Date of Injury, 19
State or country)	md.	Where did Injury occur?
17. INFORMANT Ma.M. Slifes S (Address) Figure Service	do monlem	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVALO	6 3 .	Manner of Injury
Place Tarriero Car	Date 23, 193	Nature of injury
19. UNDERTAKER 6-E. Clus (Address) Fudore	& mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2 - Queg. 1935 C	Monleude Registrar.	(Signed) 13 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
If more bl		7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Example I			Example II		
The principal cause of de of importance were as fol Arteriosclerosis	eath and related causes lows: ECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	SFP 5 1035	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BUREAU V.	į į			
Other contributory cause	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

N. B.

stated

certificate.

See instructions on back of

STATE OF MADVI AND CEPTIFICATE OF DEATH

02762

STATE OF MARTLAND	CENTILICATE OF DEATH 00102
1. PLACE OF DEATH	
County The Que this the Cor	Registration Dist. No. 2
Village or City Quies Comments	No. —
Length of residence in city or town where deeth occurredyrsmos.	
2. FULL NAME Warnels ST STO	Car. Nelapkans. Barmell
(a) Residence: No. J. 17 - S - Palerna & Q. 3 (Usual place of abode)	St., Ward. If nepresidely give only or story development.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIF CATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Months) (Day) (Year)
(Bana B. Bomett	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end yeer) 29 1873	I last sew harm elive on and 16 19 75; deeth is seid
7. AGE Years Months Deys If LESS then	to heve occurred on the dete stated above, et 6 Am.
7873-62 6 18 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Anhum Intestind 2 was
9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	
10. Date decessed lest worked at this occupation (month and yeer)	
26 0 000	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	at historia 1 wx
	yeare agains as
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of What test confirmed diagnosis? Clara Tell Westhere an autopsy?
15. MAIDEN NAME Sarah J. Murry	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Handson (State or country)	Accident, suicide, or homicide?
17. INFORMANT (Address) / 7 - 8 - Calmana Or Branch	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATURE, OR REMOVAL	Manage of Indiana
Place Harparisteria Dete Cong 19, 1935	Manner of injury
19, UNDERTAKER SACES	24. Was disease or injury In any way related to occupation of deceased?
(Address) Bursweek ma	If so, specify
20. FILED 17 - Clay, 1935. Que A. Carry	(Signed) A. Seretari Teased M. D.
Kęgstrar.	(NUUIESS)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related caus of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis SFP 5 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.	S			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			23	
County	Frederick			Registration Dist. No. 139	
Village or (STATE S	ANATO	RIUM.	DNo. St.	Ward
Length of res	idence in city or town where	death occurred	_ (16	death occurred in a horpital or institution, give its NAME instead of street and nu. 13ds. How long In U.S. if of foreign birth?	mber)
	ME William			1100 - 11	
				nost, Ward. Prince Geo. Co., M	a
(a) Resider	ice. No. 200 ASII	(Usual place	e of abode)	If nonresident give city or town and S	late
	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE	5. SINGLE, MA OR DIVORCE Marri	RRIED, WIDOWED, ED (write the word) Od	21. DATE OF DEATH August (Month) (Day)	193_ 5
5a. If married, widow HUSBAND of	ved, or divorced				
	Annie Bowma	n		112	19 35
6. DATE OF BIRTH	(month, day, and year) De	c. 14.	1877	im Anguet 3 35	death is said
7. AGE Yes		Days	If LESS than	to have occurred on the date stated above, et 2.00PM	
57	7	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profe	ssion, or particular	A	Da a a a 4 a		Date of onset
	work done, as SPINNER IN BOOKKEEPER, etc. IN business in which	terior	pecorator		Jan
work wa	s done, as SILK MILL, LL, BANK, etc.				1934
- 10 3 21110 0000	ed last worked at pation (months and e 19	ZA Spi	time (years) ent in this 35	,	
year)	Julie 13	000	upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (ci					
1	harles V. B				
Ξ		OHMUII		none	
14. BIRTHPLACE (State or		rmany		Name of operation none Date of What test confirmed diagnosis X-Ray & Sputulmere an au	
15. MAIDEN NA				23. If death was due to external causes (VIOLENCE) fill in also the following:	opsy or Q.S.
15. MAIDEN NA	E (city or town)			Accident, suicide, or homicide? Date of injury	19
	country) Irel	and		Where did Injury occur?	
17, INFORMANT deceased on admission			on	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
(Address) 18. BURIAL, CREMAT	State Sana	torium			
	shington D.	C.Date un	known 19	Manner of Injury	
	M. L. Creag			24. Was disease or Injury In any way related to occupation of deceased?	no
	Thurmont. M			If so, specify	
	3,19.3.8	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		(Signed) Jane Olly	M. D
Lo. FILLD	, 10-2		Registrar.	(Address) 64a 8c Sanafori	usas

V. S. No. 1

N. B.

PHYSICIANS should state

-WRITE PLAINIX, WITH UNFADING INK-THIS IS A PERMANENT-RECORD. Every item of infor-

AGE should be

IARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified. E

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

TION is very important. See instructions on back of

of OCCUPA.

Exact statement

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Chronic interstitial nephritis	33	1921	Run over by street car	1 wcek ago
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3	9 6	g		
Other contributory causes of importance:	A		Other contributory causes of importance:	
Gallstones	MX	1 1923	Gastrocnteritis	1 year
		J		

V. S. No. 1

County T. P. C. OTTO FORTH COUNTY T. P. C. OTTO	STATE OF MARYLAND—CERTIFICATE OF DEATH 08764								
Affide of city 12 Colored in a horpise for institution, give in NAMP matest of street and sameber? Langth of residence in city or town where death occurred yes. mos. ds. de. Now for in U. S. if of foreign high? yes death occurred in a horpise for institution, give in NAMP matest of street and sameber? 2. FULL NAME William	1. PLACE OF DEATH								
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22. HEREBY CERTIFY. That lattanded deceased from (9) With of the control of the control of (9) With of (9	Male world married	193							
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	1	Example II		
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECFIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepl	inis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 5 1935	Juy5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			La contraction de la contracti		

FOR BINDING

ARGIN RESERVED

5a. If married, widowe (or) WIFE of

6. DATE OF BIRTH (

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

17. INFORMANT

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08765
1. PLACE OF DEATH	(PI)
County Que to the County Village or City To To	Registration Dist. No. / 31/
Village or City (If Length of rasidence in city or town where death occurred 6. yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Winona Ture	Valdwell
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the word) It married, widowed, or divorced HUGGAARTED S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Joseph D. Valdersee	22. I HEREBY CERTIFY. Thet I attended dacesad from 19 6, to 3, 18 5
DATE OF BIRTH (month, day, and yeer) Wasch 3/-1838	1 laty saw h alive on
AGE Yaars Months Days If LESS than 1 day,hrs.	THE PRINCIPAL CROSS OF BEATTI SHE IS NOT THE PRINCIPAL OF
8. Trade, profession, or particular kind of work done, as SPINNER, Celure & SAWYER, BOOKKEEPER, etc.	7 Word Interesty the severe pata of one of
9. Industry or business in which work was done, as SILK MILL, House Kally SAW MILL, BANK, etc.	Chronic myo cardely ago
10. Date decesed last worked at this occupation (month and 6/1/8 spent in this occupation occupation occupation	Other Contributory Causes of Importance: - , July 30 1935
2. BIRTHPLACE (city or town)	Hear ex racesuou forger so its

12. BIRTHPLACE (cit (State or country) 13. NAME

14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME

16, BIRTHPLACE (city or town). (Stete or country)

(Address) 18. BURIAL, CREA

19, UNDERTAKER (Address) Registrar. Name of operation.

23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicide?_____ Date of injury_____

Where did injury occur?. (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

(Signed)

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVE		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
ritis	1921	Run over by street car	1 week ago	
SEP 5 1935	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	1			
auses of importance:		Other contributory causes of importance:		
•	May 1,1923	Gastroenteritis	1 year	
	of death and related causes s follows: RECEIVE Pritis SEP 5 1936 BUREAU V S.	of death and related causes s follows: RECEIVE 1915 1915 1921 SEP 5 1135 July 5,1927 BUREAU V S. auses of importance:	of death and related causes of importance were as follows: RECEIVE 1915 Attack of epilepsy Articles 1921 Run over by street car July 5,1927 Peritonitis BUREAU VS. Other contributory causes of importance:	

V. S. No. 1

	N. B.—WEILE FLANKII, WITH UNFADING INA—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.		
1	iten	sshe	Jo		
/	very	IANS	ment		/
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	Ecol	PH	xact	/	
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	NEW	CT	sified		
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STATE	TIIT	ion s	SE	TION is very important. See instructions on back of certificate.	
7.87	14	mat	CAL	TIO	-
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E OF DEA						
Frede				Parishetian Diet No. 13		
		rick		Registration Dist. No. 1021		
			O (1	No. NEW Jesign Road, St., Was feelalh occurred in a horpital or institution, give its NAME instead of street and number)		
			yrsdmos	None		
		7		If U.S. Ve cran specify WAR		
sidence: No			of abode)	Ward. Baltimore, Maryland If nonresident give city or town and State		
SONAL AN	ND STATIST			MEDICAL CERTIFICATE OF DEATH		
4. COL	OR OR RACE	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH		
		Widow	D (white this word)	August 8th, 1935 (Month) (Day) (Year)		
widowed, or div	rorced			22. I HEREBY CERTIFY, That I attended deceased fr		
of Geor	rge ". OI	ay		1925 to Person 8 193		
RTH (month, da	ay, and year) Se	ptember 2	3, 1858	I last saw he alive on 2 5 19 3 5; death is s		
Years	Months	Days	If LESS than	to have occurred on the date stated above, at 9:20A m.		
		15	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:		
profession, or p d of work done	as SPINNER,	Housework				
ry or business I	n which			Cerebral humertage day		
		At Home				
leceased last wo s occupation (mo	orked at	11. Total sp.	ent in this	Series Series		
ar)De.c	ــــــــــــــــــــــــــــــــــــــ	000	upationQV_XX	Other Coutributory Causes of importance:		
	Marylan	3				
		.c.		- Hamphleger ing 1-		
ate or country)	own)	aryland		Name of operation Date of What test confirmed diagnosis? Was there an eu opsy?		
N NAME Mar	y Ellen	Pretzmon		23. If death was due to external causes (VIOLENCE) fill in also the following:		
PLACE (city or to	owл)			Accident, suicide, or homicide? Date of injury 19		
ate or country)		aryland		Where did injury occur?		
s) Mear	rederic	k. Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
EMATION, OR	REMOVAL Mt.	Dbivet C	emetery_	Manner of injury		
rederi	ck. Md.	Date8/10	1955	Nature of injury		
ER M. R.	Etchiso rick, Md	n & Son		24. Was disease or injury in any way related to occupation of deceased? 220		
ug.	19 35. Dr	atime	Carly.	(Signed) Del		
TO STATE OF THE PARTY OF THE PA	or City_Neptor residence in a sidence: No. NAME (Sidence: No.) SONAL AT (A. COL.) widowed, or diversion of George of Work done with a social patient of Wight was done, es with military of the social patient of Crawfor or Crawfor	or City Near Frede of residence in city or town where NAME Grace You sidence: No	or City Near Frederick of residence in city or town where death occurred NAME Grace Young Clay Sidence: No. (Usual place SONAL AND STATISTICAL PART 4. COLOR OR RACE S. SINGLE, MAI OR DIVORCE White Widowed, or divorced of George W. Clay RTH (month, day, and year) September 2 Years Months Days 76 10 15 profession, or particular dof work done, as SPINNER, Housework WYER, BOUSKEEPER, etc. Your Bouskeeper, etc. White Will, BANK, etc. Secupation (month and secused last worked at secused last worked last secused last worked last secused last worked last secused last worked last	or City Near Frederick of residence in city or town where death occurred yrs		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial naphritis 5 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

q q

Stated EXACTLY. PHYSICIAMS Stated EXACTLY. PHYSICIAMS STATEMENT OF OCCUPA-

PHYSICIANS should state

	STATI	OF	MARYLAND—CERTIFICATE	OF	DEATH
4	DI ACE OF DEATH				

08767

1. PLACE O				(23)			
CountyE	rederick	***********		Registration Dist. No. 139			
Village or	City	N. Maria		No. St	Ward		
Length of res	sidence in city or town wher	e death occurred	yrs 3 mos	f death occurred in a hospital or institution, give its NAME instead of street and s. 5. ds. How long In U.S. if of foreign birth?	number)		
2. FULL NA	ME A Bri	nton Coc	per	And the second of the second of the			
	nce: No. 3510 H		d.	St., Ward. Baltimore If nonresident give city or town and	d State		
PERSO	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
male	4. COLOR OR RACE white		RRIED, WIDOWED, ED (wite the word) 160	21. DATE OF DEATH August (Month) (Day)	, 193 5 (Year)		
5a. If married, wido HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended	, , , , ,		
(11)	Amelia Co	oper		May 3 ,19 35, to August 8	1935		
		Nov. 6,]		I last saw h_im_ alive on August 8, 19 35	; death is sald		
7. AGE Ye	ears Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, et			
8 Trade profe	53 9 ession, or particular	2	ormin.	were as follows:	Date of onset		
kind of work done, as SPINNER wagon Driver SAWYER, BOOKKEPER, etc. wagon Driver 9. Industry or business in which work was done, as SILK MILL, Bread Co. 10. Date deceased last worked at this occupation (month ander 1935 spent in this year) 2. BIRTHPLACE (city or town)			time (years)	Pulmonary Tuberculosis Intestinal Tuberculosis Other Ceatributery Causes of Importance:	March 1935 unknown		
(State or cou	untry) Maryl	and					
13. NAME	James H. Co	oper					
	E (city or town)	and		Name of operation Date of Date of Date of What test confirmed diagnosis? X-Ray & Sputumere an	autopsy? Yes		
15. MAIDEN NA	AME Lida B.	Turnbau	igh	23. If death wes due to external causes (VIOLENCE) fill in also the following	g:		
	E (city or town) or country) Engla	nd		Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?			
(Address)	deceased on State Sanat		on	(Specify city or town, county and Sta Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	ACE.		
	TION, OR REMOVAL ltimore	Date unkr	nown 19	Manner of injury			
19. UNDERTAKER (Addiess)	M. L. Creag Thurmont	er Maryland	2	24. Was disease or injury In any wey related to occupation of deceased?	10		
20. FILED	19 19	1 UNGUL	Registrar.	(Signed) (Address) State	M. D.		

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Example I	i ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	July 5,1927	Perilonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		CTOTHER BUILDING NATIONAL	

h	RE		器	
AARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex-	
FOR I	IS A P	stated	properly	
D	HIS	pe	pe	
SERVI	NK-T	plnods	it may	
RES	ING I	AGE	o that	
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•	WITH	efully s	n plain	
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1	-WRITE PI	mation shou	CAUSE OF	4 1 1
ri .		_	_	

N. B.—WRITE PLA

V. S. No. 1

Exact statement of OCCUPA-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08768
	1. PLACE OF DEATH	210-m)
	County releases the corporate	
	Village or City Freducish	No. Frederick City Hoalsh Ward
	Length of residence in city or lower where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)
,	2. FULL NAME Charles I le rowell	Not a beleran
/	(a) Residence: No. 101 W. 13. At Brunner (Usual place of abode)	St., W R Word Wiff Will Limits of Brusswick)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH (Mghth) (Day) (Year)
	HUSBAND of Comptelle Politics	22. I HEREBY CERTIFY. That I attended deceased from aug 2 1 1935 to aug 2 5 1935
e.	6. DATE OF BIRTH (month, day, and year) Jung 10, 1897	I last saw heres alive on and 25 1935 death is said
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.33 - A.m.
rtif	38 0 15 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done as SPINNER (2) & C P P	Date ol onset
jo y	kind of work done, as SPINNER, /3 + 6 R. R.	Tracher Jon Stulf Aug 24
back	9. Industry or business in which work was done, as SILK MILL, Brakemen SAW MILL, BAKEMEN SAW MILL, BAK	4
on k	9. Industry or business in which work was done, as SILK MILL, Baken SAW MILL, BANK, etc	l
	year) occupation	Other Contributory Causes of importance:
instructions	12. BIRTHPLACE (city or town) 2 Many land (State or country)	The Controlled Control
str	W 13. NAME Chas. Crowll	aus acciden
	T	Named and DONE
See	14. BIRTHPLACE (city or town)——Julian	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
ıt.	TE 15. MAIDEN NAME	23. If death was due to external couses (VIOLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town) allers & Dlyson	Accident, suicide, or homicide? Occident Date of injury 24, 1935
lodi	E (State or country) Includ.	Where did injury occur? Samanuret
very in	17. INFORMANT Um. Juntering (Address) British to the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMAPION, OR REMOVAL	Manner of injury Shuffe by Quits
Z is	Place Min will Mid Date Ching 27, 19 \$5	Nature of Injury Practices 18 Ruels
TION	19. UNDERTAKER & N Quite 4 Son	24. Was disease or injury In any way related to occupation of deceased? 220
1	250. 20 Amil	(Signed) Ellhomos M.D.
)	20. FILED Saug, 135 All Ceuche Registrar.	(Address) Jake Constitution (Address)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	li li	Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	3 Date of onset	
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	lis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	CEP 5 104	July 5,1927	Peritonitis	3 days ago	
	HUDEALL V. S.				
Other contributory cau	ses of importance;		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

	00000
STATE OF MARYLAND—	CERTIFICATE OF DEATH 08769
1. PLACE OF DEATH	121
county the der est	Registration Dist. No.
Village or City Trederick	No. Schoderack City Kosp. St., Ward
Length of residence In city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birty? yrs. mos. ds.
2. FULL NAME Edward Whitiold Do	What Not A KETERAN.
(a) Residence: No. Barkhill Mary Land	To love toute consol
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Lillian M. Day holl	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 19 1914	l last sew his elive on and 5 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 Pm.
21 years 2 27 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Irade protection or particular	Treptocore de Septicaerania
9 Industry or husiness in which	ares 17
SAW MILL, BANK, etc	1.00
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) many land	Other Contributory Causes of Importance:
(State or country)	Tractor
13. NAME John & Dayloff 14. BIRTHPLACE (city or town) Md.	
14. BIRTHPLACE (city or town) md. V	Name of operationDate of
(State of country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Sucie & Laubert	23. If death was due to external causes (VIOLENCE) fill in also the following:
I6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Edward Dayhoff (Address) (Barkfill Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place B. Piles Creek Date Aug. 18, 1935	Manner of Injury
19. UNDERTAKER & O. Fusa and Son	24. Wes disease or injury in eny wey related to occupation of deceased? NO-
20. FILEO 16- aug. 119 5 Dro James Curly Registrar.	(Signed) (Address) (Address) (Address)
0 70 11 11 11 11 11 11	

If more blanks are needed, address State Registrary 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
of death and related causes sollows: RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
ritis	1921	Run over by street car	1 week ago	
SEP 5 1935	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
uses of importance.		Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
-	of death and related causes follows: RECEIVED britis SEP 5 1935	of death and related causes state of onset state of onset state of the	The principal cause of death and related causes of importance were as follows: RECEIVED 1915 Attack of epilepsy Artitis 1921 Run over by street car SEP 5 1935 July 5, 1927 Peritonitis BUREAU V. S. auses of importance: Other contributory causes of importance:	

1. PLACE OF DEATH County Treduce	els		3	Desire Burney	14/
Village or City Brus	weck		No.	Registration Dist. No	
Length of residence in city or town where			death occurred in a hospital or institution		
.0-	eath occurred	yrsmos	ds. How long in U.S. if of fo	reign birth?yrs	mos
2. FULL NAME	Ullon	~ Muc	0301		
(a) Residence: No.	(Usual place	of abode)	St., Ward.	If nonresident give city or tow	n and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CER	RTIFICATE OF DEAT	гн
Ferrel Why		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Mghth) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of		The as a		CERTIFY, That I atte	
(or) WIFE of		0 0 10 0		, to	
6. DATE OF BIRTH (month, day, and year)	ugust	77/30	I last saw h alive on		
7. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated a Tha PRINCIPAL CAUSE OF DEATH		- 4
8. Trade profession or particular	1	ormin.	wera as follows:	1	Dat
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL.		Thee by	th		
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc					
O TO. Data deceased last worked at	11. Total ti	ime (years)		• 1111111111111111111111111111111111111	
o this occupation (month and yaar)		ntin this upation	Α*		
12. BIRTHPLACE (city or town)			Other Contributory Causes of importa	nce:	
(State or country)	-		The cue 4	Maever	L
T 13. NAME	aus N				
14. BIRTHPLACE (city or town)	2 /		Name of operation		
	nay 9 1	What test confirmed diagnosis?			
E		23. If death was dua to external causes Accident, suicide, or homicide?			
O 16. BIRTHPLACE (city or town)	NA.	Where did injury occur?			
17. INFORMANT (Address)	Jaws,	Specify whether Injury occurred in it	(Specify city or town, county an NDUSTRY, In HOME, or In PUBL	id State) IC PLACE.	
18. BURIAL, OREMATION, OR REMOVAL Place V RICH CONTROL Data Lag 25, 1935			Manner of injury		
19. UNDERTAKER W. Ju	L TVX	^	24. Was disaasa or injury In any way	related to occupation of decease	d?
20. FILED aug &4 , 19.35 lis	11 011	1.	(Signed)		

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	7921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.

STATE OF MARYLAND-C

(If de

If LESS than

I day,hrs.

ormln.

ERTIFICATE C	OF DEATH	087	771
141.0			
	Registration Dist.	No. 141	
No.		St.,	Ward
ath occurred in a hospital or institution			
ds. How long in U.S.If of	roreign birth?	yrsmo	sds.
If U.S. Veteran epecify	WAR	*********	,
_St.,Ward.	If nonresident give ei	ly or town and	State
MEDICAL CE	RTIFICATE OF		31410
1. DATE OF DEATH	1	2	
0	(Month)	(Day)	193 (Year)
My HEREBY	CERTIFY, TO	hat I alterded o	eceased from
I last saw h alive on	7 7%	, 197.	; death is said
to have occurred on the date stated		m.	
The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of it	mportance	Oate of onset
0/	- 72/2		
Coon 7	CC 87. 10	Te	
E Little			
Other Contributory Causes of Import	ance:		
fle en	Vren A		
Y	_		
Name of operation		Oate of	
What test confirmed diagnosis?		Was there an a	utopsy?
3. If death was due to external caus			
Accident, suicida, or homicide?	Data o	f injury	, 19
Where did injury occur?			
Specify whether Injury occurred in	(Specify city or town, INDUSTRY, in HOME, o	county and State r in PUBLIC PLA	CE.
Manner of injury			
Nature of injury	\/	7	
24. Was diseasa or injury in ally way	related to occupation of	f deceased?	
If so, specify	1/	-AA	
(Signed)	u //1	NV	М. D.
(Address)	Zewsen	cer.	NA IN

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Registrar.

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F	Example I		Example II	=
The principal cause of de of importance were as foll Arteriosclerosis	ath and related rauses lows: RECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephriti	= 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SER	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	9.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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	Example I	d de la constant de l	Example II	
The principal cause of of importance were as Arterioselerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephi	dis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 5 .1935	Juy5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

WRITE PLACY, WITH UNFADING	ESERVE INK-TH	TH UNFADING INK-THIS IS A PERMANENT RE- RD. Every item of infor-
artion should be carefully supplied. AG	E should	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly control is very important. See instructions on back of certificate.	at it may to son back of	CAUSE OF DEATH in plain terms, so that it may be properly classined. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-	-CERTIF	ICATE	OF	DEATH
				(200		

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08773
County Frederick Village or City Near Cereaville	Registration Dist. No. 131 No. 1 Dearbought St., War If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Ezra Zacharias Derr (a) Residence: No. "Dearbought Nr. Consult (Usual place of abode)	If U.S. Veteran specify WAR Rauch Russes If U.S. Veteran specify WAR Rauch Russes If none siden (with State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH August 24th, 193.35 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Latham Derr	22. I HEREBY CERTIFY. Thet I attended decessed fro
6. DATE OF BIRTH (month, day, and year) January 12, 1854	I lest saw h_icelive on
7. AGE Years Months Deys If LESS than 1 day,hrs 0rmin.	to have occurred on the date steted above, et. 3:45. Am.
8 Trade, p ofession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) 11. Totel time (years) spant in this occupation contagnion.	Down any Occhain. Ly
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
13. NAME John Derr	
13. NAME John Derr 14. BIRTHPLACE (city or town) (State or country) Maryland	Name of operation Dete of What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Lugina Beall 16. BIRTHPLACE (city or town) (Stete or coun'ry) Maryland	23. If death was due to externel causes (VIOL ENCE) fill In elso the following: Accident, suicide, or homicide?
17. INFORMANT John S. Derr (Address) Dearbought, Near Frederick, Md.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Mt. Clivet Cemetery Plece Frederick, Md. Dete ug. 26, 1935	Menner of injury
19. UNDERTAKER M. R. Etchison & Son (Addiess) Frederick, Md	24. Was diseese or injury In early wey related to occupation of deceesed?
20. FILED 4 Oug. 1935. Die Die Gregister	(Signed) M. (Aridress) M.

N. B.—WRITE PLA

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Pate of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset I week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

supplied. in plain terms,

be carefully

DEATH

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	f infor-	d state	CUPA.	
X	item of	should	of OC	
	. Every	ICIANS	atement	
1	R. RI	PHYS	Exact st	
RVED FOR BINDING	THIS IS A PERMANENT RY RD. Every item of infor-	ould be stated EXACTLY. PHYSICIANS should state	may be properly classified. Exact statement of OCCUPA.	
FOR BI	IS A PE	stated E	properly	Land of acutificants
QE.	HIS	pe	pe	3
RVI	L	pluo	may	1

1. PLACE OF

STATE OF MARYLAND—	CERTIFICATE OF DEATH
DEATH	<u>(44-c)</u>
Exederick	Registration Dist. No. 13/
Frederick (11	No. Consergency Harbital St., feath occurred in a hospital or institution, give its NAME instead of street and numb
ce In city or town where deeth occurredyrs,mos	
EMr. Clmer Clevelano	& Difare.
No. Barnswille md. (Usual place of abode)	. St., Ward. If nonresident give city or town and State
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (majest 14 193

County_____ ---Ward Village or City Length of resider ____ds. 2. FULL NAM (a) Residence **PERSONA** 3. SEX (Day) 5e. If merried, widowed, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 13 m 7. AGE Years Deys If LESS than Months 1 day, hrs. or min. Date of onset 8. Trade, profession, or perticuler OCCUPATION kind of work dona, as SPINNER, of SAWYER, BOOKKEEPER, etc ... back 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 11, Total time (years) 10 Data deceesed last worked at instructions on this occupation (month and spent in this occupetion ... 12. BIRTHPLACE (city or town (Stete or country) FATHER 13, NAME See 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diegnosis? MOTHER important. 15. MAIDEN NAME 23. If death wes due to externel causes (VIOLENCE) fill in elso the following: Accidant, sulcide, or homicide? 16, BIRTHPLACE (city or town) (Steta or country) Where did Injury occur?___ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT_ (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Natura of injury. TION 19. UNDERTAKER M. NO. (Address) If so, specify (Signed) 20. FILED. (Address)

If more blanks are needed, address Die Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset 1 week ago 1 week ago	
Arteriosclerosis	1915 1921	Attack of epilepsy		
Chronic interstitial nephritis		Run over by street car		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SEP 6 1600				
Other contributory causes of importance . 5.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08775
1. PLACE OF DEATH	<u> </u>
county treduce of formach	Registration Dist. No. / 4
Village or City Near Pallowall	No. St., Ward
(If Length of residence in city or town where death occurred 10_yrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME annie Mariala	langle
12-01-0	South Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Non- 187 185-0	Mast sew her elive on aug. 5 1935 death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 32/2 m.
78 7 /6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done as SPINNER	
kind of work done, as SPINNER, Augustian SAWYER, BODKKEEPER, etc. 9. Industry or business in which	allerev Scherases about
work was done, es SILK MILL.	1º Jun
SAW MILL, BANK, etc 1D. Date deceased last worked et this occupation (month end year) year) 11. Total time (years) spant in this occupation occupation	
(Pollanti D)	Dither Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	1 abut - 01 - 03 - 1 - abut -
13. NAME Thomas Sporenes	Successional States of States
14. BIRTHPLACE (city or town) textection further	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sayah dinds	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Contacting frame	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ma Canada Market	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Machan Date Mug. 1935	Nature of injury
19. UNDERTAKER A CREAGE ASSET	24. Was disease or injury in eny way related to occupation of deceesed?
20. FILED 8/9 , 1935- St Parcella	(Signed) 6 Q Stells M.D.
Registrar. If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
-, vient vients are received awares office (CENTIAL)	-T C Control Danimore, Acquesting V. D. 110, 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
V921	Run over by street car	1 week ago
July 8,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 5 Julyo,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 6,1927 Peritonitis Other contributory causes of importance:

OCCUPA. jo bluods PHYSICIANS Length of residence in city or town where deeth occurred statement Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) marrie BINDING classified. 5a. If married, widowed, or divorced HUSBAND of 22. 田 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months Days If LESS than I dayhrs. 8. Trade, prolession, or particular OCCUPATION kind of work done, as SPINNER, RESERVED Jo SAWYER, BOOKKEEPER, etc back 9. Industry or business in which may plnods work was done, as SILK MILL SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total time (years) this occupation (month and spent in this AGE that instructions 12. BIRTHPLACE (city or town (State or country) supplied. plain terms. FATHER See 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagno MOTHER important. in Accident, suicide, or homicide?... DEATH 16. BIRTHPLACE (city or town (Stete or country Where did injury occur? plnods very OF (Address) WRITE Manner of Injury CAUSE mation LION Nature of injury_ 19. UNDERTAKER (Address)

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (if death occurred in a hospital or institution, give its NAME instead of street and number) Wenthan the Livi Morney Manyer If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 1935 (Year) I HEREBY CERTIFY. That I ettended deceased from 3.5, to - (cus 4 - 1 - 2 ... to have occurred on the date stated above, at 12. The PRINCIPAL GAUSE OF DEATH and related causes of Importance Oate of onset 23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? if so, specily (Signed)

If more blanks-are needed, address State Registrate, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Registrat.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related cause of importance were as follows: Arteriosclerosis	S Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritist. CEIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
SEP 5 1935			4 1	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenleritis	1 year	



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of i	pln	CCI	
item	sho	of (
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	/
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BCC	Ed/	xact	
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NEN	CTI	ified.	
MA	XA	lassi	
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V	ated	oper	
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ING	AG	o the	
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UNF	ippli	term	•
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WI	efull	in pl	
LY,	car	TH	
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE	OF	DEATH	0877
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1. PLAC	E OF DEATH			(23)	
County	Frederick			Registration Dist. No. 139	
	or CitySTATE-S	ANATOR	RIUM, lu	No. St., If death occurred in a hospital or institution, give its NAME instead of street and s. 26 ds. How long In U.S. if of foreign birth? yrs	ward number)
2. FULL	NAME Elmer	W. Felt	on		
	sidence: No. Millin			St., Ward. Kent Co. Maryland If nonresident give city or town and	
PER	SONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH AUGUST (Month) (Dev)	., 193. 5
	widowed, or divorced		771		
(or) WIFE					2 19 35
	RTH (month, day, end year)	ugust 2,	1904		.; death is said
7. AGE	Years Months	Deys	If LESS then	to have occurred on the dete steted above, et. 3 45	
1	31 0	20	ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were es follows:	Date of onset
9. Indust wo SA	profession, or perticular dof work done, as SPINNER, WYER, BOOKKEEPER, etc	l 11 Table	me (yeers) It in this 3	Pulmonary Tuberculosis	July 1935
	CE (city or town)	lvania		Other Contributory Causes of importance:	
13. NAME	James W. Fe				
	PLACE (city or town)ete or country) Maryl			Neme of operation	
15. MAIDE	N NAME Laurett	a Smith	THE STATE OF	23. If death was due to externel causes (VIOLENCE) fill in elso the followin	
	PLACE (city or town)	ylvania		Accident, suicide, or homicide? Dete of injury Where did injury occur?	
(Addre	deceased on State Sanat	admissi orium	on	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
	Millington	Dete unkn	own ,19	Menner of Injury	
19. UNDERTAK (Addre	FR M. L. Creages) Thurmont M	er d.		24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	no
23.112233	76 000	ye blanks are newled	Registrar.	(Address) State Same 4 or 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.	*****

S. No.

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- 1	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
S July 5,1927	Peritonitis •	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis & C & I V & D	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 5 1939	July 5,1927	Peritonitis	3 days ago	
Other contributory chuses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

			OF MAR	YLAND-	CERTIF		W V	ATH	18779
		DEATH	Watering th	OOFFORM M	14654tha		1	/ =	3 /
	inty	1 can			3.	RIVE	Registratio	n Dist. No.	F!
Vill	age or C	ity Track	ne	(1)	No No death occurred in	a horpital or institu	ution rive its NA	ME instead of street an	d number)
Len	gth of resid	dence in ity or town where	death occurred	yrsmos	88ds. Ho	w long in U.S. if	of foreign birth?	yrs	.mosd
2. FUI	LL NAI	nt Taul	one	tox	If U.	S. Veteran spe	cify WAR	/VO.	
(a)	Residen	ce: No. 104	m. 4	Sel -	to detail	Ward.			
-		<u> </u>	(Usual/place		THE WALL			nt give city or town a	
2 CEV	RSON	AL AND STATIST	-	RIED, WIDOWED,			ERTIFICAT	E OF DEATH	
Ma	h	4. COLOR OR RACE		D (write the word)	21. DATE 0	- DEATH	(Month)	19 (Day)	, 193_ 5 (Year)
HUSB	ied, widow AND of VIFE of	ed, or divorced			22.	HEREB'	YCERTI	FY, That I attend	ed deceased fro
(5.7)		A			ang	/	., 1921_, to	ang 1	4.195
6. DATE O	F BIRTH (month, day, and year)	cc. 5-	1906	I last saw h	M alive on	aug	19 193.	≤_; death is sa
7. AGE	Year	rs Months	Deys	If LESS than 1 day,hrs.			ed above, at_/_/.		1 .
		0 0	,,,	ormin.	were as follows	CAUSE OF DEA	I H and related ca	uses of importance	Date of ons
8. Tr	kind of w	sion, or particular ork done, as SPINNER,	ian b	ante	200 te	Calu			
	dustry or I	BOOKKEEPER, etc	77		Add	+		••••••	- Slilly 14
	work was SAW MIL	done, as SILK MILL, L, BANK, etc			1 Aguil	aus	nay.		
0 10. 0a	te decease	ed last worked at action (month and	spe	ime (years) nt in this					
1.0	year)), \(\(\)) oc:	upation	Other Contribut	ory Causes of imp	ortance:		
12. BIRTH			has	and		- A - free		2	7
	ate or coun	ntry)	2	,	lugu	lation	1 fill	my cy	-/-
13. NA	ME OF	m	- 6	4	Reput	y auch	office	cidely	
14. BII	(State or	(city or town)	0056	2.06	Name of operati			Date of	1 3
œ 15 M/	IDEN NA	-50	mx	7	10			Was there a	
E	ı	Dr. X	PC	X	1	e, or homicide?	PART OF THE	fill in also the, follow	1 .
∑ 16. BI	(Stete or	(city or town) country)	Trud		1101	. 50	1	-1	0100
17 10000	7	us mas	200	1701	Specify whether	injury occurred	(Specify city	ortown, county and S NOME, or in PUBLIC	itate)
17. INFORM	ldress)	Freder	ich	ned.	auto	ucc	den	1 state	Theoly
18. BURIAL	PEMAT	ION OR REMOVAL	n	21.5	Manner of injur	у Д		ρ	
Pla	orun.	vivercen	Date CL	ng 2/, 19.3	Nature of injury	Crush	3 mymy	& cerus +	Chan-
19. UNDER		6.6.60	un'	Ton	-	or injury in any v	way related to occ	upation of deceased?_	205
(Ac	Idress)	Trus	lucian	med	If so, specify	5	7 177	6 min	·
20. FILES	<u>u</u> - <u>a</u>	ug., 19.35. 2	a. J. n	Lucle	(Signed)	~	100	et.	11 - M
				Registrar.	II (Ad	dress)	and the	21-1-1-5	July

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Example	e I	1	Example II		
The principal cause of death and of importance were as follows:	related causes ECEIV	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	SFP 5 198	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BUREAU V	S.			
Other contributory causes of imp	oortance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

stated EXACTLY.

properly classified.

certificate.

See instructions on

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT

19. UNDERTAKER

(Address)

(Address)

mmer

Thurmont.

Fraley.

Creager

Thurmont.

___Date_Aug__28

Son

of OCCUPA-

Exact statement

WITH UNFADING INK-THIS IS

AGE should

supplied.

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08780
	Frederick	Registration Dist. No. 144
	Village or City Catoctin Furnace.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U. S. if of foreign birth?yrsds.
2.		No Veteran.
	(a) Residence: No. Thurmont • (Outside) (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. \$	Male White OR DIVORCED (perice the word)	21. DATE OF DEATH August 26th (Day) (Year)
	If marriad, widowed, or divorced HUSBAND of (or) WIFE of Isabel V. Sweeney	22. I HEREBY CERTIFY That i ettended dacaasad from lug / ' ,1930 , to 26 ,1935
6. D	ATE OF BIRTH (month, day, end year) Oct . IOth . I858	i last saw h line aliva on lang 25 , 192 3; death is said
1	GE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2,30 A, M The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	8. Treda, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Fran July 35
12.	BIRTHPLACE (city or town) G ttysburg (State or country) Penna	Other Contributory Causes of importance: Oliveria Orleand Schemen 1925
ER.	13. NAME Jonathon Fraley	
FATH	14. BIRTHPLACE (city or town) Frederick Co. (State or country) Md.	Name of operation Data of What tast confirmed diagnosis of Salary Salary Was there an autonosy? 200
HER	15. MAIDEN NAME Mary Shuff. Gettysburg	23. if daeth was due to external causes (VIO CENCE) fill in also tha following:
2	16. BIRTHPLACE (city or town) Pema.	Accident, suicide, or homicida?

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Whera did injury occur?.

Menner of injury

If so, specify

(Specify city or town, county and State)
Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in eny way related to occupation of dacaased?

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	315	Attack of epilepsy	1 week ago
Chronic interstitial nephritis RECEIVE	1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 0, 1927	Peritonitis	3 days ago
ARUREAU V.	s.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	SEC.
MARGIN RESERVED FOR BINDING	N. BWRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT REC
)R	A
F)	IS
CVED	-THIS
ESE	INK
K	NG
ARGIN	UNFADI
	WITH
	AMILY,
	PI
-	-WRITE
V. S. No. 1	B.
SQ.	-
-	F

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

GAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

ORD. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08781
1. PLACE OF DEATH Prederich	
My Athene 1	bital Basistation Did by 13/
County 71 miles	Registration Dist. No.
Village or City Judhuck	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
0- 0-4.0	not ax veteren & any mer
2. FULL NAME Squill trale	
(a) Residence: No. Surface of abode)	St., If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male while midower	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I attended deceased from
(or) title of Mary Summers	2. A STATE OF THE TAXABLE OF TAXABLE OF THE TAXABLE OF T
V	l last sew heart elive on Res 2 7 1 19 35 deeth is said
6. DATE OF BIRTH (month, dey, and year) 100 18 16 LESS than	
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at. 1 2 22 27 27 27 The PRINCIPAL CAUSE OF DEATH and related causes of importance
V 14 ormin.	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER.	A DAY
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arelial Henortage 214
9. Industry or business in which work was done, as SILK MILL, Out of the road SAW MILL, BANK, etc	0 /
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (models add) 11. Total time (years) spent In this spent In this	
10. Date deceased last worked at this occupation (most hard) 34 occupation (most hard) 34 occupation	
your)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Maryland	Kight Demyblegia, ingt
13. NAME Johnathan & raley	
14. BIRTHPLACE (city or town) Mahul	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Alana Co (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) alones Co	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
P +1 W - 10. 6	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CHILLY STORY (Address) MONTENER (Harabital	Specify whether injury occurred in Proposition, in nome, of in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lewistom nd Date 10 any 1925	Nature of Injury
	7.00
19. UNDERTAKER M. A. CLEYN A JON	24. Wes disease of injury in any wey related to occupation of deceased?
(Address) Thursont Ous.	If so, specify.
20. FILED 7 - aug, 1925 Ino In Carry	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II			
causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
FD 1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
035 July 5, 1927	Peritonitis	3 days ago		
v. s.	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 1935 Jay 5, 1927 V. S.	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

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Z	B.	
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		(1)
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state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08782
	1. PLACE OF DEATH	(37)
ould	County Horane	Registration Dist. No. 2
should of	Village or City Hallant J	Tourio: St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
00		ds. How long in U.S. If of foreign birth?yrsmosds.
PHYSICIANS ict statement	2. FULL NAME QSSO Il gaves Huy	NOTA VETERAN.
SIC	(a) Residence: No. Zeor Truion Br	ilsae hund on a
	(Usual place of abode) Carro	of in myes depthis of the first and State
PE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Aug / 7 193.5 (Month) (Day) (Year)
A C T ssifted	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
A ((or) WIFE of a Lal M. Huss.	1935 to Gual 1935
E X	6. DATE OF BIRTH (month, day, and year) UX 14 - 186	liast saw his alive on aug 17 1955; death is seid
at at	7. AGE Years Months Oays If LESS than	to have occurred on the date steted above, at
stated proper	12 0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work done as SPINNER	Oate of enset
l be 7 be 8 of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	- Maemia
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	my orangers
st it	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	Elua A D
	year) occupation	Other Contributory Causes of Importance:
supplied. AGE in terms, so that See instructions of	12. BIRTHPLACE (city or town) Junion Dona De Superior	Quyage. The pertrophy of the Partites.
	(State or country)	The prostatectory was performed for
efully supplied in plain terms, ant. See instru	II 13. NAME Cley Hyss.	Pott
su in See	14. BIRTHPLACE (city or town) (State or country)	Name of operation
lly ola		What test confirmed diegnosis? Was there an autopsy?Ly
hould be careful OF DEATH in p very important.		23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
thould be car OF DEATH very imports	State or country)	Where did injury occur?
EA im	17. INFORMANT Daysline Tressin	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
should OF D	(Address) W. Marget Bridge W.	<u> </u>
260	18. BURIAL, CREMATION OR REMOVAL Consults, Tito.	Manner of injury
ion USI	Place Musley Line Date 19, 19, 19	Nature of Injury
mation S CAUSE TION is	19. UNDERTAKER AND AND AND SONY (Address)	24. Wes diseese or injury in any way related to occupation of deceased?
	100 150 000	(Signed) A Thomas M.D.
(a)	20. FILEO Registrar	(Address) Trederick Uss
11)	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis CFP 5 1933	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S					
A real angular control description of the control o					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			137		

V. S. No. 1

	County Freder			Within the Cor	Registration Dist. No. 3	
	Village or City_F_	ederick			No. 31 South Bentz St., death occurred in a hospital or institution, give its NAME instead of street and number	Wai
	Length of residence in	city or town where	death occurred	1_O_yrsmo	t death occurred in a hospital or institution, give its NAME instead of street and numlds- How long in U.S. if of foreign birth?yrsmos,	oer)
2	FULL NAME				If U.S. Veteran specify WAR. NONE.	
	(a) Residence: No.	31 South			St., Ward. If nonresident give city or town and Stat	e
	PERSONAL A	ND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. S		or or race	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word) Wed	21. DATE OF DEATH August 5th 19. (Month) (Day)	5.5.
5e.	If married, widowed, or di	vorced	Taper -			(Year)
	HUSBAND of John	J. Cibbs			22. July EBEBY CERTIFY, That I ettended dece	ased f
6. E	PATE OF BIRTH (month, d	ay, and year) Ju	ine 5, 18	51	I last saw h ly alive on hug 137 1932 de	
7. A		Months	Days	If LESS than	to have occurred on the date stated above, at 10:30P m.	
	84	2	0	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	te of on
N	8. Trade, profession, or kind of work done SAWYER, BOOKKI	particular , as SPINNER,	Journa owife			te or or
OCCUPATIO	9. Industry or business work was done, as SAW MILL, BANK	n which	TOUR OW IT O		Herrique /	74
5	SAW MILL, BANK	etc	t Home			
0	10. Data deceased last w this occupation (m yeer)	onth end 924	II. I otal t	time (years) int in this upation 60yrs		
			-222 001	a patron	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town (State or country)	Marylar	ıd		Local Lewond	1.16
E.	13. NAME Henry	Brown				/
AIHER	14. BIRTHPLACE (city or				Name of operation Date of	
z	(State or country)	Maryl			What test confirmed diagnosis? Wes there en au'op	sy? h
MOINER	15. MAIDEN NAME Ma		oon		23. If death was due to external causes (VIOLENCE) fill In also the following:	
S	16. BIRTHPLACE (city or (State or country)		and		Accident, suicide, or homicide? Date of Injury	19
17.	NFORMANT Beorg	ie Cook			Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR	REMOVAL Fai		metery	Manner of injury	
	PlaceFrederic		Date8/8	/35 19	Nature of injury	
19. (ert V. Dj			24. Was disease or injury in any way related to occupation of deceased?	41
	(Address) Fre	derick, M	9-	7	If so, specify	
00.1	FILED & CALL	1921- (2/my	0 1 .	(Signed) Y O Queunt	

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Example I		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis 1035	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage HIREALI V. S.	July 5, 1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
			1			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
						4

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

STATE	OF	MARYI	AND-	CFRTI	FICA	TF	OF	DEATH
SIAIL	OI.	IAIWIY I F	.AIYD	CLIVII	IICA			DLAII

-	0	pay	0	71
	18	6	0	51

1 PLACE OF	F DEATH				60%
County	Frederic	k		Registration Dist. No. 139	
	ity_STATE-S		PIUM. di	ND. St., St., St., St., St., St., St., St.	Ward ward
2 FILL NA	ME Max	T Cold			
	ce: No. 342 E.		t.	St., Ward. Baltimore, Marylar If nonresident give city or town and S	nd
PERSON	AL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
male	4. COLOR OR RACE white	OR DIVORCE	RIED, WIDOWED, D (write the word) ried	21. DATE OF DEATH August 22 (Month) (Day)	193. 5
De. If married, widow HUSBAND of (or) WIFE of	ed, or divorced Grace Gold	stein		22. HEREBY CERTIFY, Thet attended d May 13 ,1935 , to August 22	
DATE OF BIRTH	month, dey, and yeer) Ju	7 7 7 7:	885	i last sew him alive on August 21 1935	
7. AGE Yee 50		Days 21	If LESS than 1 dey,hrs. ormin.	to heve occurred on the dete stated above, at 9.05.AM The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
8 Trade profes	ssion, or particular	Ke.L.	Totalana.	wele as lonows:	Date of onset
9 Industry or I work was SAW MIL	ork done, es SPINNER, BODKKEEPER, etc	Cigar Ma	ime (yeers)	Pulmonary Tuberculosis	March 1935
year) I2, BIRTHPLACE (cit		003	upation	Other Contributory Causes of Importance: Hypertension unk	nown
(State or coun		k		Hemiplegia 8/2	1/35
13. NAME	Isadore Gol	dstein			
14. BIRTHPLACE	(city or town)			Neme of operation Dete of	
(State or				What test confirmed diagnosis? X-Ray & Sputchme an eu	topsy? no
15. MAIDEN NA	ME Hanna (u	nknown)		23. If death was due to externel causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (Stete or	(city or town)country) Ge rma	ny		Accident, suicide, or homicide? Date of injury	, 19
(Address)	deceased o	n admis	sion	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA) CE.
18. BURIAL, CREMAT			known, 19	Menner of injury	
	M. L. Creag Thurmont, M			24. Was disease or injury in eny wey releted to occupation of deceased?	no :
20. FILED	- Y/3.4°	MILL	Pegistrar.	(Signed) faul July (Address) State Sanaton	M. D.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1025	1915	Attack of epilepsy	1 week ago
Chronic interstitial mephritis St	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

N. B.-WRITE PLA

V. S. No. 1

08785

STATE OF MARYLAND—CERTIFICATE OF DEATH

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	97)
County Trederick	Registration Dist. No. 122
Village or City Trear Chalkersulle	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Francis 9 (a) Residence: (No.) Uralk us wille	Kaifleigh St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERT FY That I attended deceased from
PATE OF PURTY (STATE OF PURTY)	Visst saw h Land alive on Land 20 1934 ; death is said
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months Days If LESS than	to heve occurred on the dete steted above, at 4.30.4
70 3 1 dey,hrs	
1 01	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Returned - arms	A A TONIA - STANDARD
9. Industry or business in which	J Iproces George
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) spent in this year)	
mo 12.	Other Contributory Causes of importance:
12. BIRTHPLACE (cfty or town)	
-not Oliver	
(State or country)	Name of operation Date of
	What test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Mary Detlow	23. If deeth wes due to externel causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Put Pleasant	Accident, suicide, or homicide?
(State or country) Tred. Comd.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT AND Manda Haifleig (Address) (Walkersville Ind.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place of the Hard Centery Dete May 25, 1935	Neture of injury
19. UNDERTAKER (14) Part North	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDULG 24, 135/ 1- Nous Stauff Respirat.	(Signed)
#	T. 2411 N. Charles Street Baltimore Regulating T.) S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: CEIVEC	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis SFP 5 1995	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

STATE OF MARYLAND-	CERTIFICATE OF DEATH 08787
1. PLACE OF DEATH	(82-a)
County Friderick	Registration Dist. No. /38
Village or Eity gamerable her	death occupied in a horpital or Assistation, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah 6. Hawk	
(a) Residence: No. Julie Stown Ca (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 8 - 24 - ,193 5 - (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) 5-16-1868	I last saw h la alive on august 24 -, 1935.
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at6m.
67 3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral arterisschroses 1933
9. Industry or business in which work was done, as SILK MILL, Backeworks SAW MILL, BANK, etc.	Send to the send of the send o
10. Dato deceased last worked at this occupation (month and year)	The same will be same to the same of the s
12. BIRTHPLACE (city or town) Laury town Med	Other Coutributory Causes of importance:
(State or country) 13. NAME Engage Hawk	Tragressure Medal Delevisoration -
14. BIRTHPLACE (city or town) — Waryland (State or country)	Name of operation
301 11-11	What test confirmed diagnosis? Cline Was there an au'opsy? Was there an au'opsy? Was there are au'opsy Was the was
15. MAIDEN NAME Celies Alonesipen	23. If death was due to external causes (VIOLENCE) filt in also the following: Work
16. BIRTHPLACE (city or town) — Sessel State or country)	Accident, suicide, or homicide?
17. INFORMANT Mallen Grover (Repliew) (Address) 209. S. Juse St. Tillettonor Va	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Settlestown Date 2 7, 19 36	Nature of injury
19. UNDERTAKER John J. Little (Address) PA	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED aug 14 1935 Lucion K. Falconn	(Signed) Learge H. Riggs M. D.
Registrar.	(Address) James Mass

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of a of importance were as to Arteriosclerosis	cath and related causes	Dete of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephriti	SEP 5 1935	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

mation

7. AGE

OCCUPATION

FATHER

MOTHER

this occupation (month end

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town)

(State or country)

(State or country)

13. NAME

17. INFORMANT

item

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred. How long in U.S. If of foreign birth? 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city/or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Yeer) 5a. If merried, widowed, or-divorced HUSBAND of 22. CERTIFY. That I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) Months Days If LESS than to have occurred on the date steted above, at 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trede, profession, or partic kind of work done, as ... NNER, SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked et 11. Total time (years) spent in this

Other Contributory Causes of importance:

Name of operation.

Manner of injury

What test confirmed diegnosis?_

Where did injury occur?_____

18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) Registrar.

occupation_

Nature of injury___ 24. Was disease or Injury in eny way releted to occupation of deceased? If so, specify .. (Signed).

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of Injury______ 19.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

----- Wes there an au'opsy?.

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEF 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1923	Gastroenteritis	1 year
ADDITIONAL SPACE	E FOR FURTH	ER STATEMENTS BY PHYSICIAN	

1. PLACE OF DEATH

County_

Accident, suicide, or homicide? _____ Data of Injury_____ Where did injury occur?__

(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury Nature of Injury.

24. Was disease or injury in any way related to occupation of dacaased? If so, specify

(Signed). (Address) _____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

S. No. 1

state

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial pephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 5 1935	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYS	SICIAN	
					_			

V. S. No. 1

1. PLACE OF DEATH CountyFrederick	13/
Village or City Frederick	No. East Church, Extd. St., Wal (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred6y	rsmosyrsyrsmosd
2. FULL NAME Mrs. Mable Cleveland	Hoxney If U.S. Veteran specify WAR. None
(a) Residence: No. East Church, Extd.	Ward.
(Usual place of about PERSONAL AND STATISTICAL PARTICUL	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED,	
emale White OR DIVORCED (w	ite the word) (Lee 9 3 , 1936
a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of John E. Horner	22. I HEREBY CERTIFY, That I attended deceased from
1 + . 2	76.5 Just 3.60 (1935)
DATE OF BIRTH (month, day, and year)	89 2 I last saw (a slive on 3 2 2 19 33; death is sa
	If LESS than to have occurred on the date stated above, athr. The PRINCIPAL CAUSE OF DEATH and related causes of importance
40 1 0 or.	were as follows: Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife	
SAWYER, BOOKKEEPER, etc. 110456W116	Cantiac Thranchesis (43.
work was done, as SILK MILL, At Home	Denne automotion
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 1935 194 195 195 196 197 198 198 198 198 198 198 198	ears) his 20yrs
PIPTIPI ACT (-1	Other Contributory Causes of importence:
2. BIRTHPLACE (city or town) (State or country) W. Va.	
13. NAME John H. Files	
	Name of counties
14. BIRTHPLACE (city or town) W. Va.	Name of operation Date of What test confirmed diagnosis? Was there an au'opsyllor
15. MAIDEN NAME Mary Strine	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury, 19
16. BIRTHPLACE (city or town) (State or country) W. Va.	Where did injury occur?
Tabe E Haman	(Specify city or town, county and State)
7. INFORMANT John E. Horner (Address) Frederick, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Marlinsburg, W. Date. lug	6.,1935 Nature of injury.
9. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Md.	24. Was disease or injury in any way related to occupation of decoased? 200
0. FILED - aug., 1935. Dras In Ca	(Signed) (Q) (Andress) M. (Andress) And Andress (Andress)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related eauses of importance were as follows:		Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 5 1430	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	- category		
Other contributory causes of importance:		5	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
	,

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

N. B.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF D	EATH	-		057:0	
1/	County	Tiel	inch !	Within the Co	Registration Dist. No.	57
X	Village or City	Ties	Levels		Nontredenily Ceily Hospill St.	Ward
	length of residence	in city or town where	death occurred		death occurred in a hospital or Institution, give its NAME Instead of street	
		Pal. 7	Dance)/	0	
1	FULL NAME	20-1	11 5/2	Nou	O1 Wand	
	(a) Residence: N	0 7 - 6.	(Usual place of	abode)	St., Ward. If nonresident give city or town	and State
	PERSONAL	AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEAT	н
-	male !	COLOR OR RACE	5. SINGLE, MARRI	ED, WIDOWED, write the word)	21. DATE OF DEATH (Month) (Day)	, 193.5 (Year)
5a.	If married, widowed, or HUSBAND of	divorced			22. I HEREBY CERTIFY. That i atter	nded deceased from
	(or) WIFE of				June 15 , 19 35 , 10 any	
6. I	DATE OF BIRTH (mont	h, day, and year)	une 15.	1935	I last saw him alive on	
7. 4	AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 9:30 Pm.	
_	*		24	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
LION	8. Trade, profession, kind of work of	or particular lone, as SPINNER, KKEEPER, etc			Congenla Heart Brosess	75 7
PATI	9. Industry or busin	ess in which				South
	9. Industry or busing work was done SAW MILL, BA		non			
OCC	10. Date deceased las this occupation year)	t worked at (month and	11. Total time spent i occupa	n this		
12.	BIRTHPLACE (city or t	own) Yred		el	Other Contributory Causes of importance:	
2	13. NAMEL Fran		7/	2000		
THER	14. BIRTHPLACE (city	To.	Se 1	i i	Name of operation Date	of .
FAT	(State or coun	and the same of th	d-		What test confirmed diagnosis? Was there	1
HER	15. MAIDEN NAME	Daris	macil	ey	23. if death was due to external causes (VIOLENCE) fill in also the folk	
MOT	16. BIRTHPLACE (city	or town) nece	pour 1	tems	Accident, suicide, or homicide? Date of injury	, 19
ΣI	(State or coun	try)	Vargine	-	Where did injury occur? (Specify city or town, county and	l State)
17.	INFORMANT FLO	min /	Youra	d	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	
18.	(Address) BURIAL, CREMATION,	OR REMOVAL	no ma	2	Manner of Injury	
	Place Mut.	Oliver	Date aug.	9 ,19.35	Nature of Injury	
19.	UNDERTAKER Ha (Address) / 2	Je E	Carly	g.	24. Was disease or injury in any way related to occupation of deceased If so, specify	, ho.
20.	FILED 9-au	1,1900	1/mle	Registrar.	(Signed) He duk hed (Address) He duk hed 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

inisiones	May 1,1923	Gastroentertus	1 year
A	DDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	1

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	08792
1. PLACE OF DEATH	(8) (2)	- 1
County Faldenck	Registration Dist. No.	36
Village or City Meas Arborea	No. Mean Andrew St., of death occurred in a horpital or institution, give its NAME instead of street and	Ward
	ds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME Martha Younna	And U.S. Veteran specify WAR. Moul	
(a) Residence: No. Mlan Mathematical (Gaus Polace of abode)	St., Ward. If nonresident give city or town are	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX femal 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Luguet 73), 193 (Year)
HUSBAND of Jewis, L. Fares	22. I HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year) Mars 18 1859	2 - 1	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1. 2. Am.	
7.5 9 5 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Hausluralle SAWYER, BDDKKEEPER, etc.	latine.	- aug pol
9. Industry or business in which work was done, as SILK MILL	1	/35
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this spant in the spant in this spant in this spant in this spant in this spant in the s	Clubral apoptery	
year) oc:upation Of O.	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		2
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	arlerio Delevose	
E		
4. BIRTHPLACE (city or town) - March (State or country)	Name of operation Date of	1/
	What test confirmed diagnosis? Was there an 23. If death was due to external causes (ViOL ENCE) fill In elso the following	
15. MAIDEN NAME Margaret Brown 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of Injury	
17. INFORMANT Miss. Efficie Johnson	Where did injury occur? (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ale) LACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Hapel Hell Cemosto & / 26, 1930	Manner of injury	
19. UNDERTAKER MA R. Otchison & for	24 Was disease or injury In any way related to occupation of deceased?	7
20. FILED alf 23, 1935-40 Andresser	(Signed) (Address) Tresament	M. D.
11	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	114

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
CEL 180	1			

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1)	0	rag	10	13
U	0	6	39	3
			-	0

1. PLACE OF DEATH	(8)-a) 121
County Frederick	Registration Dist. No.
Village or City Shookstown	NoSt.,Ward
7.0	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
	11 1 1/0 1/0
2. FULL NAME Charles & Min	E V.S. Weteram Specify WAR WWW.
(a) Residence: No. Show Molecular Management (Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male, White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. O I HEREBY CERTIFY. That I attended deceased fro
(or) MITE at Iola Kline	aug 65 1931 to aug // 1931
6. DATE OF BIRTH (month, day, and year) Dec. 6 1864	Hast savner alive on aug 9th, 131; death is sel
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10:2 4 0 m.
70 8 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Data of once
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cere tras alleble 6-an
9. Industry or business in which	
SAW MILL, BANK, etc.	-
O 10. Date deceased last worked at this occupation (month end) 11. Total time (years) spent in this occupation occupation	
7 0 0 4	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Astonia Sala -
	- www. occuració ys.
H 13. NAME Daniel Kline	<u> </u>
14. BIRTHPLACE (city or town) Sucher	Neme of operation
	What test confirmed diagnosis? Was there an autopsy? [1].
I TO	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
10. 20:	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Shaakatown	openity whether injury occurred in introducts, in nome, or in robert PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Doubes Ceneley Bate Comp 13, 1933	
76 8/6 7	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER	If so, specify
(Address) 7 abolesis lo	
20. FILED 2- and 1935. Dra Dr. Stunds	(Signed) A Tourse M.

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To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	1 1 1	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis SEP 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	76 4 4000	Other contributory causes of importance:	
Udioit//its	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	r MARTLAND-	CERTIFICATE OF DEATH
county Trederie	4	Registration Dist. No. 13/
Village or City Trede	rick	No. 420 Klineharts aller Ward
Length of residence in city or town where de		f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Shir	la Tana	7000
(a) Residence: No. 420 Ke	what to es	St., Ward.
(a) nesidence. No. 17.5	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Sa. If married, widowed, or divorced	child	(Month) (Oey) (Yeer)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended deceased from
A	1 1	no cettingly 19 , 19
5. DATE OF BIRTH (month, day, and year)	uly 12, 1935	I lest saw h
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chies	Brand Char
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Chied was dead rule 9
SAW MILL, BANK, etc	19 Tablain C.	it. a Consur want was
this occupation (month and year)	11. Total time (years) spant in this occupation	· Lilda
7-1-	montevu	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	his	
13. NAME Harry Eugs	en Lee	- Carauw
13. NAME Harry Europe 14. BIRTHPLACE (city or town)	Penns	Name of operation. 200 Date of
(State of country)		What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Paulis 16. BIRTHPLACE (city or town)	4 Brooks	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	your.	Accident, suicide, or homicide?
(State or country)	-	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT The Stare	7 E Toes	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	nua.	Manner of Injury
respondentialles	Oate (13) 3 19 30	Nature of injury
19. UNDERTAKER 6. E. Clin	ce + for	24. Was disease or injury in any way related to occupation of deceased?
(Address) The de	rug Jud	If so, specify
10	^ ^	100 TO G Brick of

Registrar/

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING



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Chronic interstitial nephritis 5 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1		1	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. Con Such

1. PLACE OF DEAT

Statement of occupation.-Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 4 1953	1921	Run over by street car	1 week ago
Cerebral hemorrhage BINEAU V. S.	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
Guicourico	M uy 1,1920	Otton vernor mo	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(F)
/ county Ledgrick	Registration Dist. No. 13.4
Village or City Summitabing	No. St. Josepho Callege St., Warr
AC A	death occurred in a helpital or institution, give its NAME instead of street and number) ds. How rong in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Was soret ME X	all (Sinte Rome)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE C S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH
Temple white Single	(Mg/Hr) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY That I attended deceased from
(or) WIFE of	Jan 15" 19695 to the 18" 1985.
6. DATE OF BIRTH (month, day, and year) Wow. 29-1853	Mast saw here allve on aug/d' 1985; death is sel
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 220Am.
8/ 8 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were asylollows:
8. Trade profession or particular	Diahlis Mellelis Date of ones
kind of work done, es SPINNER, Seates of Charite	Chronic Certerial Delever 1928
kind of work done, es SPINNER, SawYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 7/ 11. Total mine (years)	,
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 1/1/30 11. Total lime (years) to this occupation occupation	
B.ot.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Wed.	
13. NAME Hugh Yuc Douald	
E de de	Olau-
(State or country)	What test confirmed diagnosis () Was there an autopsy?
15. MAIDEN NAME CALLE Slatter.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Character Statlery 16. BIRTHPLACE (city or town) Lippyrary County (State or country)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Sister Leature	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address of Joseph alabunitaling) lil	<u></u>
18. BURIAL, CREMATION, OR REMOVAL 7, 1	Menner of injury
Place Fruitsburg Whate 8 / 40, 1935	Nature of injury
19. UNDERTAKER U. J. Shuff Is.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cumulaling rul	If so, specify
20. FILES Targ 19, 19.35 M. F. Slauff	(Signed) Monries Wheny M.
Fo Call Benstrar.	(Address) () been out the
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting 7) S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEF 5 1985	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S			0
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ELVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 5 1935	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08798
1. PLACE OF DEATH	(m) 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
County Irredepick	Registration Dist. No. 131
Village or City Musclevul	No. Comergency Horristal Ward
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Suphia Miche	all NOTA VETERANI
(a) Residence: No. 6 Clark Place (Usual place of abode)	St. Ward. Monresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Shoodare J. Michael	1 HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Off 23, 1864	/ast saw h 2 alive on 2004 15 1 1935; death is said
7. AGE Years Months Days if LESS than	to heve occurred on the data stated above at
70. 9 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
2 Trade distancian or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrelin Olbanish a Quall
9, Industry or business In which work wes done, es SILK MILL,	33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Trederick	
(State or country)	Ana betis mellation 1932
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsyl-
15. MAIDEN NAME Janesa States	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Janes Statey 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mess adelpherage Clark (Address) Mule roue - Friederick	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, GREMATION, OB REMOVAL	Manner of injury
Place Jux oling Come Date lug 20, 19 3V	Neture of injury
19. UNDERTAKER G. E. Cline Form (Address) Francisco Med	24. Was disaase or injury in any wey related to occupation of deceased?
20. FILED 20 - ang 1935. 2ra . m. Gurly -	(Signed) Bookon a. M. D. (Address) Indereck land
	(Address) (Address) (Authority Charles Street, Baltimore, Requesting U. S. No. 1.
January Januar	The Course Office, Danimore, Acquesting U. S. 140, 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	===	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
other contributory causes of importance.		Other contributory causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	-1.7-	

D. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

BINDING	
FOR	
RESERVED	
IARGIN	

V. S. No. 1 ä THE PERSONAL PROPERTY OF MADVIAND—CEPTIFICATE OF DEATH

1. PLACE OF DEATH County Fredrick	Registration Dist. No.
Village or City Burneuik	NoSt.,Wall f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How iong in U.S. if of foreign birth?yrsmosd
2. FULL NAME George Reliand Miles (a) Residence: No. (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wasie the word)	21. DATE OF DEATH (reguest 22 1935 (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of Kanie Hullman 6. DATE OF BIRTH (month, day, end year) Musy 15 1860	22. I HEREBY ERTIFY. That Lattended doceased to the state of the state
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above lat.
8. Trede, protession, or particular kind of work done, as SPINNER, Return SAWYER, BOOKKEEPER, etc. a industry or business in which work was done, as SILK MILL, BYORR Zonginer SAW MILL, BANK, etc. 10. Date descend last worked at this occupation (month and the second line (years) spant in this	Coc bral Han working
12. BIRTHPLACE (city or town) (State or country) 13. NAME (State or country)	Other Contributory Causes of Importance: Organic Wark Start Triban Type yeld
14. BIRTHPLACE (city or town)	Name of operation Oete of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Many a Session 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT My GID WWW. Miles (Address) Boursawick Mile 18. BURIAL, CREMATION, OR REMOVAL 18. CLUB 3 W 32	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury
19. UNDERTAKER AT 32 7 2 DOUL (Address) Commonwick Ind	Nature of injury 24. Was disease or injury in eny day belated to occupation of deceased? If so, specify
20. FILEO Cuy 23, 19 35 lus H.S. Hidges Registrar.	(Signed) Street Notes of h

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SPA	CE FOR FURTH	ER STATEMENTS BY PHYSICIA	N

1	L. PLACE OF DEATH	93-20
	County Fredrick	Registration Dist. No.
/	Village or City Sabillasville md.	No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos	
2	2. FULL NAME John miller	
	(a) Residence: No. Sabillasville Md	St., Wald World S Veteraw) If nonresident give city or town and State
	(Usual place of abode)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 3	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH < 4 - 193
Se.	If marriad, widowed, or divorced	(Month) (Day) (Yes
Ja.	HUSBAND of Gas WHEE of Scha alice Tracey miller	1 HEREBY CERTIFY, That I attended deceased
		Jan 10 ,193, to 8 -4 - ,19
-	DATE OF BIRTH (month, day, and year) april 16 1861	I last saw h alive on 8 7 8 , 19 3 J; denth
7.	AGE Years Months Days If LESS than	to have occurred on the date stated above, at G. F.J. m.
1	17 3 18 or min	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER, Frances SAWYER, BDDKKEEPER, etc. 7.	Chranic My ocorde
OCCUPATION	9. Industry or business In which	Orcario Illa Color
CUP	work was done, as SILK MILL, SAW MILL, BANK, etc	
000	10. Date deceased last worked et this occupation (month and spent in this	
_	year) occupation	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) French creek (State or country)	
œ	1 0 1 11	_
ATHER	13. NAME Issac Muller	
FA	14. BIRTHPLACE (city or town) Fredrich Co Md (State or country)	Name of operation Date of What test confirmed diagnosist Carlo Date of
2		What test confirmed diamos M. Co. Market to ge and autopsy? 23. If death was due to external causes (VIDLENCE) fill in also the following:
MOTHER	IS BIOTUDI AGE (1)	Accident, suicide, or homicide?
MOM	(Stata or country) Hranklin Co Pa	Where did Injury occur?
17	INFORMANT Harry miller	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17.	(Address) Sabillasville ind	
18.	BURIAL, CREMATION, OR REMOVALCENYEES Pa.	Manner of injury
	Place Treen fell Cemeley Date 5/6 ,1933	- Nature of injury
19.	UNDERTAKER Walter 4 Grove	24. Was diseasa or injury In any way related to occupation of deceased?
	(Address) Waynesboro Pa	If so, specify
20.	FILED 8/6 Post Totras & Strick	(Signed)
1	Registrar.	Well of the

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other sontributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of douth and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4	A		
Other contributory causes of importance:	37 300	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH

08801

1. PLACE OF DEATH			46-6)
County Frederick			Registration Dist. No. 2	L
Village or City Jefferson			NoSt.,St.,St.	Ward
Length of residence in city or town where d	leath occurred 60		death occurred in a hospital or institution, give its INAIVIE instead or street and an district death of the long in U.S. if of foreign birth?yrsmo:	
			If U.S. Veteran Specify War NONE	
2. FULL NAME Mrs. Julia		liter		
(a) Residence: No. Jefferson	(Usual place	of abode)	nonresident give city or town and S	State
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	193. S (Year)
5a. If married, widowed, or divorcad HUSBAND of			220 HEREBY CERTIFY, That I attended of	land from
(or) WIFE of Freder	ick C. Mi	iller	July 2 1935 to aug 23	
C DATE OF NIBYII (mark day and mark)		960	Wast saw Jav elive on aug 22, 19.35	
7. AGE Years Months	oays	If LESS than	to have occurred on the date stated above, at 43 a.m.	
75 4	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8 Trade profession or particular		I VIacas - Wille	Carcinmatoni	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and		Intestinal obstruction partial	7/15/35	
9. Industry or business in which work wes done, as SILK MILL,	At Home		Crobably Jaimsoy in intestines.	
SAW MILL, BANK, etc	11. Total ti	ime (years)	Duration not known Custo	
o this occupation (month and 5/35.		nt in this 45		
12. BIRTHPLACE (city or town)			Other Caaributery Causes of Importance:	
(State or country) Maryla	nd		asimo Schuses	
13. NAME Philip Sheffer	r		my conditis	7/2/35
13. NAME Philip Sheffer 14. BIRTHPLACE (city or town)			Name of operation Oate of	
(State of Country) Test 1 y 20	and		Whet test confirmed diegnosis? Cleaner Mas thera an a	utopsy? Me
15. MAIDEN NAME Lucinda 16. BIRTHPLACE (city or town).	Ahalt		23. If death was due to external causas (VIOLENCE) fill in also the following	:
[16. BIRTHPLACE (city or town)			Accident, sulcide, or homicide? Date of injury	, 19
(Stete or country) Mary	Land		Where did Injury occur?(Specify city or town, county and State	e)
17. INFORMANT Mrs. Ralph (Address) Near Jeffer	con		Specify whether iojury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL Jef	ferson, Md	00/01 25	Mannar of Injury	
PlaceSt. Pauls Cem.	Data	8/26,1905	- Nature of injury	
19. UNOERTAKER M.R. Etchison (Address) Frederick, Mar	& Son yland		24. Was disaese or injury in any way releted to occupation of decaesed?	7.6
20. FILED 24 - Cong., 1935. Dr.	- Jan	Curly Registrat.	(Signed) a Talling Baier (Address) Influsion 7Md	M. D.
If more	blanks are needed.		, 2411 N. Charles Street, Baltimore, Reguesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis SEP 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

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S. If married, widowed, or divorced with the control of the contro	1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08802
Village of City A. F. Celluras Mal (ii) on the course in a benjth or satisfaction, give in NAME intended of steet and number (a) Residence: No. Freedom of the No. On the No. Inc. (ii) on the No. Inc. (iii) on the No. Inc. (iiii) on the No	1	L. PLACE OF DEATH	131)
Langth of rasidence in city or town where death occurred. 2. FULL NAME (a) Residence: No. Cathernies (b) Cathernies (c) Consideration (b) Cathernies (c) Consideration (d) Residence: No. Cathernies (d) Residence:		County Market Auspa	Registration Dist. No. / 2
2. FULL NAME (a) Residence: No. FACILIZATION OF A CONTROL AND STATISTICAL PARTICULARS 3. SEX PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARIED, WIDOWCD, OR DIVORCED (write tha word) FOR DIVORCED (write tha word) S. If married, widowed, or divorced (HUSBAND OF BIRTH (month, day, and year) FOR DIVORCED (write tha word) S. ATT OF SIRTH (month, day, and year) S. ATT OF SIRTH (month, day, and year) S. Trade, profaseion, or particular S. ATT OF SIRTH (month, day, and year) S. ATT OF SIRTH (month, day, and ye		Village or City h. Frederick med	No. Curery Arafutel St., Ward
(a) Residence: No. Frickling State State (a) A color of Rock (b) A 251. Ward. Ward. Ward. (b) A 251. Ward. (c) A 152. Ward. (Length of rasidenca in city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth? Vrs. mos de
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWCD OR DIVORCED (write tha word) 5.9. If married, widowed, or divorced (HUSANDO (GO) WIFE of DATE OF BIRTH (month, day, and year) 7. AGE Years Months B. Trade, protassion, or particular S. STRINER, MONTHS B. Trade, protassion, or particular S. Stride, protassion, or particular I last saw h. Law aliva on. B. Trade, protassion, or particular S. Stride, protassion, or particular I last, bride S. Stride, protassion, or particular I last, bride S. Stride, protassion, or particular S. Stride, protassion, or particular I last, bride S. Stride, protassion, or particular S	2	FULL NAME Mrs Catherine mi	ushower Nill Veteron.
PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, OR DIVORCED Cymic that word) 5a. If married, widowed, or divorced division of control of the			
3. If married, widowed, or divorced HUSBAND of Orbits of Growin Wilson Days If LESS than 1 days and year of HUSBAND of Orbits of Growin Wilson Days If LESS than 1 days and year of HUSBAND of Orbits of Growin Wilson Days If LESS than 1 days and year of HUSBAND of Orbits of Growin Wilson Days If LESS than 1 days and year of HUSBAND of Orbits of Growin Wilson Days If LESS than 1 days and year of Legs of Husband Days If Legs than 1 days and year of Legs of Husband Days If Legs than 1 days and year of Legs of Husband Days If Legs than 1 days and year of Legs of Husband Days If Legs than 1 days and year of Legs of Husband Days If Legs than 1 days and year of Legs of Husband Days If Legs than 1 days and year of Legs of Husband Days If Legs than 1 days and year of Legs of Legs of Legs of Husband Days If Legs than 1 days and year of Legs o			
5a. If married, widowed, or divorced (or) wife of Service of Service of Core of Service of Service of Core of Service of Serv	3. 2	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	
55. If married, widowed, or divorced HUSBAND of Gory Wife	J.	emale white Widow	august 12 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Nonths 8. 4 O 1 day. hrs. or. min. 8. 1 rade, profassion, or particuler lind of work done, as SPINNER, SAWYER, BODKEPER, etc. 9. Industry or business in which was done as SSIK MILL, 10. Date deceased test worked at the propagation (month) and personal pers	5a.	HUSBAND of O	
6. DATE OF BIRTH (month, day, and yetr) 7. AGE Years Months BY O S. Trade, profassion, or particular ind of work done, as SPINKER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 11. Total time (years) spent in this occupation Other Cestributery Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) May 13. NAME 14. BIRTHPLACE (city or town) (State or country) May 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) May 17. INFORMANT (Address) Mannar of injury 19. UNDERTAKER (Address) Mannar of injury Name were did injury occurred in inDustry, in Home, or in PUBLIC PLACE Mannar of injury Name were refollows: 11 Ists saw h. L. aliva on		(or) WIFE of Terge mushauer	
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(Address) Frederick Ned If so, specify	-	LE CON LONG	
n so, specify	19.		
			(Signed) BOOLE M. D.
20. FILED & Comp., 1980. Registrar. (Address) Franklick M.	20.		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		If more blanks are needed, address State Registrar,	

STATE OF MARYLAND—CERTIFICATE OF DEATH

08802

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis SFP 5 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

ADDITIONAL SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 210-11 Registration Dist. No. 3 (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? or fown where death occurred City or town and State CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MEDICAL 3. SEX 21. DATE OF DEATH 5. GINGLE, MARRIED, WIDUWED. OR DIVORCED (wrist the word) (Year) 5e. If married, wildowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceesed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, dev. end year) / 7. AGE Months If LESS then Davs to heve occurred on the date stated above, et 1 day. ____hrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence or min. Data of onset 8. Trede, profession, or particular CCUPATION kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc ... back 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc uo 10. Dete deceased last worked et 11. Total time (years) this occupation (month enda spent in this occupation instructions Other Coutributary Causes of Importence: 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME See Name of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 16, BIRTHPLACE (city or town) (Stete or country (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT (Address) LION 24. Wes diseese or injury In eny way related to occupation of deceased? If so, specify (Signed) (Address) ... Regist ar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	t t	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 5 195 July		July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance.		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(53-0) 08804
County Frederick Co	Registration Dist. No. 13
Village or City Union Budge Hyd	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Catherine Clinebe	the South
(a) Residence: No. Union Budge. All	St., Ward.
(Usual place of physic)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF BEATH (Month) (Pear)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) april 20, 1853	I Jost saw h 72 alive on Act 1 A 135 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above at
82 3 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this pecupation (month and spend) in the pecupation (month and	fry wig thend
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupetion (month and year) spant in this occupetion corupetion	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State or country) Fre for A Co	
13. NAME Henry 3 10	
4. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Asse Morelys (Address) Junion Bridge Md	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Beauer Dam Date Cung 8 1095	Nature of Injury
19. UNDERTAKER Tamonel X. Wight	24. Was disease or Injury In eny way related to occupation of deceased?
But 5 15 mode	(Signed) M. D. M. D.
20. FILED MY S , 1935 The Cuful Registrar.	(Address)
If more blanks are needed address State Registrary	N Charle Street Political

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
S Date of onset	The principal cause of death and related causes of importance were as follows:	5 Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroentcritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

PHYSICIANS should state D. Kvery item of infor-Exact statement A PERMANENT RE stated EXACTLY properly classified. FOR BINDING certificate. WITH UNFADING INK-THIS ARGIN RESERVED AGE should be be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLA

of OCCUPA-

			maria ten A	he Cornolism i	1) /
	County Frederick		क्राध्याम ६			
	Village or City Frede	rick_		CIE	No. 131 Water St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
	Length of residence in city or	town where	death occurred_5!		ds. How long in U.S. If of foreign birth?yrsm	
2	2. FULL NAME Mrs.	Louis	a Cather	ine Phelps	If U.S. Veteran specify WAR. None	
	(a) Residence: No. 131				St., Ward.	
	(a) Residence. No. Lot		(Usual piace	of abode)	If nonresident give city or town and	State
	PERSONAL AND S	TATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR White	RACE		RRIED, WIDOWED, ED (write the word) W	21. DATE OF DEATH August 12th (Month) (Day)	, 193 5
5a.	If married, widowed, or divorced		18-16-5			
	(or) WIFE of Joshua	O. Phe	elps		22. I HEREBY CERTIFY, That I attended	
			0.5. 3	0.40	0 9 4 , 19 25 , to Dang 1	
	DATE OF BIRTH (month, day, end AGE Years	yeer) JU Months	Days	If LESS than	I last sew to alive on	death is said
	86	1	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
			1 10	ormin.	were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or particul kind of work done, es SF SAWYER, BOOKKEEPER,		lous work		aladora & Lamon for	
ATI	9 Industry or business In which	h	230.004.4.11.0		John Sander Sand Sand Sand Sand Sand Sand Sand Sand	ann 4
CUF	work was done, es SILK SAW MILL, BANK, etc	MILL,	t Home			
00	10. Date deceased last worked of this occupation (month an year)	et doss	Sp3	time (years) ent in this		-
-	year)UCI	1933	00:	upation 60yrs	Other Contributory Causes of Importance:	
12.	. BIRTHPLACE (city or town)	Maryla	nd.			
~			tria		Orless. Selenara	1930
FATHER	13. NAME John Carp	enter	· · · · ·			
FAT	14. BIRTHPLACE (city or town).				Neme of operation Date of	0-
_	(State or country)	Mary]	land		What test confirmed diagnosis? Was there an	au'opsy?
MOTHER	15. MAIDEN NAME Unkn	own			23. If death was due to external causes (VIOLENCE) fill In also the following	
MOT	16. BIRTHPLACE (city or town)				Accident, suicide, or homicide? Date of injury	, 19
	(State or country)	Uni	cnown		Where dld injury occur?(Specify city or town, county and Sta	ie)
	(Address) 131 "at	ar St			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OR REMOVE Place Frederick.	Md.	Olivet	Cemetery 4, 19 35	Manner of injury	
19.	. UNDERTAKER M. R. Et	chison	n & Son		24. Wes disease or injury in any way related to occupation of deceased?	240
	13 0	0	1	C	12/578	

re needed, address State Registrate 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of theath and related causes of importance were as follows CEIVE Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis SEP 5 1903	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July5,1927	Perilonilis -	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEAT item of i plnods County Registration Dist. No. Alf death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?_____yrs.____mos. statement If U. S. Veteran, specify WAR. (a) Residence: If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3/BEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OP DIVORCED (write the word) CTL nonth) 5a. If married, widowed, or divore HUSBAND of 22. HEREBY CERTIFY. Thet I attended decaased from (or) WIFE of EX 6. DATE OF BIRTH (month, day, end year) certificate. properly 7. AGE If LESS than to heve occurred on the date stated above, at. stated 1 day, hrs. The PRINCIPAL CAUSE OF DEATH end ralated causes of importanca or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ OCCUPATION of 9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc..... may back bluods 11. Total tima (yaars) spant in this 10. Date deceesed last worked at on this occupetion (month and AGE that yaar) _____ occupation ___ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country), supplied. terms, FATHER See Name of operation. in plain (State or country) should be carefully What test confirmed diagnosis? Was there an autopsy?____ MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide DEATH 16. BIRTHPLACE (city or town Where did injury occur? reclences (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT OF Manner of injury 12 CAUSE mation NOIL 24. Was diseasa or injury in any way releted to occupation of dacaased? If so, specify 四 Registrar. (Address) ___

If hore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example IE		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Exa	mple I		Example II	.4
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	7 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial apphritis S		1921	Run over by street car	1 week ago
Cerebral hemorrhage	EAU N. S.	July 5, 1927	Peritonitis	3 days ago
(Bo			,	
Other contributory eauses of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			2	

stated EXACTLY. properly classified.

AGE should be

PHYSICIANS should state

of OCCUPA.

Exact statement

item of infor-

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O				(3)	
County Frederick				Registration Dist. No. 139	
Village or City TATE SANATORIJIM1 Mos. Length of rasidence in city or town where death occurred yrs Mrs.				No. St.,	ward mber) ds
2. FULL NA	ME Charle	s W. Ro	hrer		
	nce: No. 130 Be	dford	e of abode)	St., Ward. Cumberland Md. If nonresident give city or town and S	tate
PERSO	NAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced		ED (write tha word)	21. DATE OF DEATH August (Month) (Day)	1935(Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attanded de August 23 134 to August 13	
6 DATE OF BIRTH	(month, day, and yaar) Ju	1 0 1	905	Hast saw h.im alive on August 12 1935;	13
	ars Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2.45 PM. The PRINCIPAL CAUSE OF DEATH and related causes of importance	death is said
8. Trada, profe	assion, or particular work dona, as SPINNER,	. 3	101	were as follows:	Oate of onset
SAWYER, BOOKKEEPER, etc Insurance Agent SAWYER, BOOKKEEPER, etc Insurance Agent Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month link nown occupation) Section of work done, as SPINNER, Insurance Agent 11. Total time (years) spent in this known occupation			tima (years)	Chronic Nephritis un Uremia Au	known known g. 6 935
(State or cou	ity or town) Cum	berland			
13. NAME W	m. D. Rohre	r	s-		
13. NAME Wm. D. Rohrer 14. BIRTHPLACE (city or town) (State or country) Maryland				Name of operation DONE Oate of What test confirmed dia Wishing Exam Was there an aut	
15. MAIDEN NAME Clarabelle Shuck 16. BIRTHPLACE (city or town) (State or country) Ohio				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT deceased on admission (Address) State Sanatorium 18. BURIAL, CREMATION, OR REMOVAL			on	(Specify city or town, county and State) (Specify city or town, county and State) (Specify city or town, county and State)	
	berland	Oate unk	nown 19	Mannar of Injury	
19. UNDERTAKER M. L. Creager (Address) Thurmont Md.			J	24. Was disaase or injury In any way related to occupation of deceased?	no
20. FILED	ر 19.35	Maly	Registrar.	(Signad) Jane Stelle (Addrass) Stelle Sanatown	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis 1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage	Peritonitis	3 days ago
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,192	Gastroenteritis	1 year
		1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nethritism to East V. S.	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08810
shound state	1. PLACE OF DEATH	185)
000	County Trederick	Registration Dist. No. / 38
	Village or Citypear New VII arket	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME DOTSLY Q. Sier	
	(a) Residence: No. (Usual place of abode).	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The real Property lies, the last	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Leg 2 193 (Year)
-	5a. If married, widowed, or divorced of HUSBAND of husbend of any Sier	22. I HEREBY CERTIFY, That I attended deceased from, 19, 19
	6. DATE OF BIRTH (month, day, and year) July 18-1908	I last saw h aliva on, 19; death Is said
	7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.45 m.
	d / 5 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or particular kind of work dona, as SPINNER,	Cut from saw exporting day 2
	kind of work dona, as SPINNER, Jouck druces SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Junge and modern web 1983-
-	work was done, as SILK MILL druling own Joack	metanteaux Veranuel
20	10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spant in this occupation occupation.	body how after death
	12. BIRTHPLACE (city or town) Mary Land' (State or country)	Other Contributory Causes of importance:
	# 13. NAME adie D. Sier	
	14. BIRTHPLACE (city or town) Marfland	Name of operation
	(State of Country)	What test confirmed diagnosis?
	15. MAIDEN NAME 607a. I. Rains	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
1	o 16. BIRTHPLACE (city or town) Many Land'	Accident, suicide, or homicide? Oaje of injury 12, 19, 35
1	State or country)	Where did injury occur? R.R. Mo-I, Mt living Md (Specify city or town, county and State)
-	17. INFORMANT CALL STANDARD MALE	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
-	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Cut by small circular xaw
	Placa Kersifilown Oate 8-4-,1935	Natura of injury Cut through rite and abdomen
	19. UNDERTAKER WE Falcoyety (Address) Yew Market,	24. Was disease opinjury in any way related to occupation of deceased?
-	20. FILEO Rig 4 , 1935 Lucian / Falwner Registrar.	(Signed) Crueck P. Raff M. D. (Address) New Worker Wid

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

1 . C. TAC. T	10.1		N. C.	ARROIL	THE P	DER V	TI	FOR	DIT	MARGIN RESERVED FOR BINDING	
N. B	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC	HALY,	WITH	UNFAD	ING	NK-1	LHIS	IS A I	PER	HANENT	REC
-	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	be care	efully s	upplied.	AGE	should	1 be	stated	EX	ACTE	H PH
	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	EATH i	in plain	terms, s	o that	it ma	y be	proper	ly c	lassified.	Exact
1	TION is very important. See instructions on back of certificate.	importa	int. Se	e instruc	tions (on bacl	k of	certifica	ate.		

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1881)
1. PLACE OF DEATH	
County Frederick	Registration Dist. No. 138
Village or City, Garraville (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clara Jane Amille	
(a) Residence: No. Januarelle Md (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) This word	21. DATE OF DEATH 8 - 22 - ,193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of John J. Aruell	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Zear -9-185°T	I last saw hat alive on aug - 2/ - 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date state above, et . F . G m.
77 9 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House face from SAWYER, BOOKKEPER, etc.	
9. Industry or husiness in which	leasewows of the flowers far-
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) 4- Test occupation be year.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) dudenale leely Ted s	
(State or country)	Vylana Obstruction 1734-3
13. NAME A March Derly 14. BIRTHPLACE (city or town) Industry Land	Inavition
4 14. BIRTHPLACE (city or town) Sussessible College (State or country)	Name of operation
Litters	What test confirmed diegnosis?
T /	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
0 9 · · · 2 · · · · · · · · · · · · · · ·	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mes Melles Mesler (dangelon)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mut Olivet Com Date 8 - 24, 1935	Nature of injury
19. UNDERTAKER Harry E. Carty Co- (Address) Necklessel mid	24. Wes disease or injury in any way related to occupation of deceased? 210 :
20 EUED Green 27 1035 Turing N 7 21	(Signed) Lange N. Degga M. D.
20. FILED THE Registrar.	(Address) Janua Ille Md. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	T.	Example II	
The principal cause of of importance were as f Arterioselerosis	lean and Celated causes dlows: SEP, 5, 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cercbral hemorrhage	BURKAU, C. S	July 5, 1927	Peritonitis	3 days ago
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

0	0	0	1	0	
U	0	0	1	2	

1. PLACE OF DEATH	1	(159)	1
County Frederick	2 2	Registration Dist. No.	131
Village or City Moulin	les.	No. Cemergency Horse	Stal Wa
Length of residence in city or town where dea	(I oth occurred vrs mos	death occurred in a horpital of institution, give its NAME instead of str.	reet and number)
2. FULL NAME	many for	: 4/	
	go of a	and,	
(a) Residence: No.	(Usual place of labode)	St., Ward.	wn and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ATH
Remale White:	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Moghn) (Day)	, 193 🕏
a. If married, widowed, or divorced HUSBAND of	302197		(Year)
(or) WIFE of		22. I HEREBY CERTIFY. That I a	ttended deceased fr
5. DATE OF BIRTH (month, day, and year)	1 5 1035	I last sow h. Le alive on Greatest 35	19.35 death is s
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, at (g. a, _m.	oastra, oeath is s
0 0	O l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importan	ice
8. Trade, profession, or particular kind of work done, as SPINNER,	11 0		Date of on
SAWYER, BOOKKEEPER, etc.	New Dorn.	Junture Labo	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		(5 month belies)	aug.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	gelfindiced,	
12. BIRTHPLACE (city or town) Monless (State or country)	ue, Frederick	Other Coutributory Causes of importance:	
13. NAME Benjamine	Phebus Jr.		
14. BIRTHPLACE (city or town)	10	Name of operation Da	ate of
(State of Country)	P. 1 1:11	What test confirmed diagnosis? Was th	ere an autopsy?
15. MAIDEN NAME Kallerine 16. BIRTHPLACE (city or town). Gran	Dizely Smith	23. If death was due to external causes (VIOL ENCE) fill in also the f	
16. BIRTHPLACE (city or town) (State or country)	echang.	Accident, suicide, or homicide? Date of injury_	, 19
7. INFORMANT Mr. M. Slifer	Moylance	Where did injury occur?	and State) LIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Date 6 - Ony, 1935.	Manner of injury	
9. UNDERTAKER Harry E. (Address) Tredericlo	Carly So	24. Was disease or injury in any way related to occupation of deceas	sed? 210
0. FILED 6 - Clary, 1935. Dis	har Cardy Registrer	(Signed) AOPhore (Address) France	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEC 5 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state b. Every item of infor-

> stated EXACTLY. properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA-

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08813
1. PLACE OF DEATH	97)
County Trederick Man dos Corporates	Registration Dist. No. 12
Village of City Trederick	No. 115 Record St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2 FILL NAME Susie Engerie Suo	MAD MAD MAD
(a) Residence: No. //5 Record St Ho (Usual place of abode)	Son Capal State of the land State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
terual White OR DAVORCED (write the word)	(Mgust 1935
5a. If merried, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year) 7. 14-18-53	I last saw her alive on any 16 , 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 34/1 m.
82 6 3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1 Oleannia.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	In a fine
9. Industry or business in which	filmulass.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and year) occupation	
Mar Today at	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	anewroterress
×1 // · · · · · · · · · · · · · · · · · ·	
13. NAME Serganin months	
14. BIRTHPLACE (city or town) tolerect co.	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Gleanor Moffel	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16, BIRTHPLACE (city or town) Trederical Co.	Accident, suicide, or homicide? Date of injury
(State or country)	Where did Injury occur?
min Low John	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Trederifest md.	
18. BURIAL, CREMATION, DIC REMOVAL	Manner of Injury
Place My olive X len Date Ching 19, 19 3	Nature of injury.
10 5-10 10	
19. UNDERTAKER O C	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Frederick hid	If so, specify
20. FILED 17-aug, 18/ 00 11 Ceups	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Exa	imple I	EDII	Example II	
The principal cause of death of importance were as follow Arteriosclerosis	n and related causes vs: SEP 5 19	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	II COR	July 5,1927	Peritonitis	3 days ago
Other contributory causes o	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact Statement of OCCUPA.

STATE OF	MARYI AN	D-CERTIFICATE	OF	DEATH	08814
SIMIL OF	MAILIFAIA	D CENTILICATE		DEATH	-00015

1. PLACE OF DEATH	- NA
County Frederick	Registration Dist. No. / 3 L
Village or City Je Low Spring (II Length of residence In city or town where death occurred & yrs. Timos 2. FULL NAME Clarence Elroy Stale	No. St., Ward f death occurred in Dorpital or institution, give its NAME instead of street and number)
(a) Residence: No. Pleasent Hill (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wije the word) Single	21. DATE OF DEATH (Mgr. 31 , 193 T. (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) May 9 1909 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 93.5 spent in this year) 12. BIRTHPLACE (city or town) Judgmen 12. BIRTHPLACE (city or town) Judgmen 13, NAME Revended Towns 13, NAME Revended Towns 14, NAME Revended Towns 14, NAME Revended Towns 15, NAME Revended	22. I HEREBY CERTIFY. That I attended deceased from 1935, to Aug 31
13. NAME Reverdy T. Staley 14. BIRTHPLACE (city or town) Trederies (State or country) Mary Land	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) - Frederick (State or country) Mary land 17. INFORMANT Reverdy To Study (Address) Tolor Spring Mad 18. BURIAL, CREMATION, OR REMOVAL Place M. Date Sept 2, 1935	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, Date of injury 21: Where did injury occurry blast spring for town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury home the goal occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER ACCORDANCE (Address) Treflerica Ind 20. FILED - So! 1935 Registrar.	(Signed) H- Lamence Fahry M. D. (Address) Freduck, Mck

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis · O C C	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 5 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 08815
1. PLACE OF DEATH	92.0
county Frederick	Registration Dist. No. 134
news has ill	
$G_{\mathbf{A}}$	NoSt.,Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred & Oyrs	sds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Sand Same Slay	MUS. Veteran specify WAR.
(a) Residence: No. Sunfultatura Quita	est. S. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLÉ, MÁRRIED, WIDOWED, OR DIVORCEO (write the word)	21. DATE OF DEATH (Day) (Year)
5a. If married, widowed, or divorted thusband of M. Cullista Sleanship	22. I HEREBYCERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	i last sawn alive on any 1931; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above at
0 d ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Change my scardites 1933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decasaed last worked at this occupation (month and	
10. Data decaasad last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	<u></u>
6	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	agule delalation of 1900
13. NAME Homes Barlow 14. BIRTHPLACE (city or town)	heart 1
4. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Comes Tople	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Kuruel Forke 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MASSIME TO CAME (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOMAN	Manner of Injury
Place Reysville Date Cking 16 1933	Nature of Injury.
19. UNDERTAKER A Louge Han	24. Was disease or injury in any way ralated to occupation of deceased? 200
(Address) This panh ma	If so, specify
20. FILED day 14 19 35 M. T. Tolk Registrar.	(Signed) Mellow M. D. (Address) Elony 200

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Corebral hemographe	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

of OCCUPA.

Exact statement

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STATE OF N

MARYLAND—CERTIFICATE OF DEATH	08816

1. PLACE OF DEATH County Frederick			Registration Dist. No.	144
Village or City Near L	ewistown	(1)	No. No. Seath occurred in a hospital or institution, give its NAME instead of a course does not	St., Ward
2. FULL NAME Moria (a) Residence: No. Lewis		(Outs		town and State
PERSONAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX Female 4. COLOR OR RACE White	S. SINGLE, MARI OR BLYORCEL	RIED, WIDOWED,	21. DATE OF DEATH August 12 (Month) (Day)	, 1935
5a. If married, widowed, or divorced HUSBAND of Frankli	n Stottl	emyer	22. MAREBY CERTIFY, That I	attended deceased from
6. DATE OF BIRTH (month, day, and year) M. 7. AGE Years Months	ay I6th	. 1839		, 19_3_5 ; death Is said
96 2	26	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importa	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	•35 11. Total til	me (years) 75	tracture surgical med, fer	mir 5/6/35
12. BIRTHPLACE (city or town) AOOd (State or country)	sboro Mo	1	Other Contributory Cause of importance:	88/35
13. NAME William Ja	ckson			
13. NAME William Ja 14. BIRTHPLACE (city or town) (State or country)	Geri	nany		Date of
15. MAIDEN NAME Letisia	Winfield	1	23. If death was due to external causes (VIOL ENCE) fill in also the	
15. MAIDEN NAME Letisia Winfield 16. BIRTHPLACE (city or town) (State or country) Germany			Accident, surcide, or homieide? accident Date of Injur Where did injury occur? Au home fir L	y 576 1935
17. INFORMANT Clarence (Address) Lewist		yer.	(Specify city or town, forms	BLIC PLACE. PULL
18. BURIAL, CREMATION, OR REMOVAL Place Utica			Manner of injury Lall Lenux Nature of injury Lydolini Lenux	
19. UNDERTAKER (Address)	eager & mont.	D.	24. Was disease or injury in any way related to occupation of dece	pased? 200
20. FILED aug. 14, 1935 a	ma M.	Registrar.	(Signed) Morris a Bue (Address) Laure	Li- rud
If mo	re blanks are needed, as	ddress State Revistrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1005	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis SEP 8	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

or occupa.

Exact statement

N. B.—WRITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	0	0	1	7
U	0	0	1	6

1. PLACE O	F DEAT	н				01.			
County	REDE	RICK			Registration Dist. No. 139				
Village or C	STA'	TE SAN	VATOR	IUM. M	No. St.,	Ward			
				(It	death occurred in a hospital or institution, give its NAME instead of street and nu	mber)			
(a) Residen			WALBRO (Usual place	OK AVE.	St, Ward. BALTIMORE MARYLAND If nonresident give city or town and S	late			
PERSON	IAL ANI	STATISTIC			MEDICAL CERTIFICATE OF DEATH				
3. SEX MALE		OR RACE		RIED, WIDOWED. O (write the word)	21. DATE OF DEATH AUGUST (Month) (Dey)	193.5 (Yeer)			
5e. If married, widow HUSBAND of									
(or) WIFE of E	LIZA	BETH SZI	ECH		Nov. 2 HEREBY SERTIFY. That I attended do	19.35			
6. DATE OF BIRTH	(month, dey,	end yeer) DE(67 1	889	I lest saw h im alive on August 2 ,135 ;				
7. AGE Yee		Months 7	Deys 27	If LESS than I day,hrs. ormin.	to heve occurred on the dete steted ebove, et 11.00 mA. M. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:	Date of onset			
9. Industry or work was SAW MIL	business in s done, es SI L, BANK, ei	LK MILL, tc. sed at Nov. 193	34 11. Totel ti sper occu	me (yeers) to this 28	Pulmonary Tuberculosis Other Contributary Causes of importance:	Sept 1934			
12. BIRTHPLACE (cit		Baltin Marylan			Fatal Pulmonary Hemorrhage				
13. NAME	[icha	el Szeci	1						
	(city or tow	vn) Ge r i	nany		Name of operation none Dete of	topsy? NO			
15. MAIDEN NAME Augusta Scharf 16. BIRTHPLACE (city or town)					23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?				
17. INFORMANT		German sed on a te Sanat	admissi	on	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	ΣΕ.			
18. BURIAL, CREMAT	ION, OR RE			nown ,19	Manner of injury				
19. UNDERTAKER	Thur	mont, Ma	pyland		24. Was disease or injury in any wey releted to occupation of deceased?)			
20. FILED	33,1	9.35	BELL	Registrar.	(Signed) State Sanatanus	M. D.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance	
	1 year
	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

•

V. S. No. 1

1. PLACE OF DEATH	<u> </u>
County Trederick	Registration Dist. No. 134
Village or City free taking	No. St., Ward
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John C. Jos	bes/
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS B. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Wale white OR DIVORCED (write the word)	(Month) (Dey) (Yeer)
HUSBAND of Wargaret Welzel	22. MAHEREBY CERTIFY That I attended decessed from
. DATE OF BIRTH (month, day, end year) Lou 25-1852	
. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 10A m.
83 6 10 1 dey,hr	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were to follows?
8. Trade, profession, or perticular kind of work done, as SPINNER.	Chitheliosusa nech ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL.	melantares & necht scalf & yrag
9. Industry or business in which work wes done, as SILK MILL, Whiel wright SAW MILL, BANK, etc.	
10. Dete decesed last worked et this occupation (month and / / / /)	
yeer) occupetion occupetion	Other, Coutributory, Causes of importance:
(2. BIRTHPLACE (city or town) Variable (State or country)	Hypertensine Cardio Pascular
1 1	- areas several gra ag
The state of the s	Neme of operation.
(Stete or country)	Neme of operation Dete of What test confirmed diegnosis? Lucal Lyasu Wes there en eutopsy? Up
15. MAIDEN NAME Joue Croiler	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country) Permaghrang	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MUSTO TO LE TOPPE (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMITION, OR REMOVAL 7. 1 A. P.	Menner of injury
Plece dientelburg Mod Ouly 1, 19 A	Nature of Injury
19. UNDERTAKER U. T. Shyff St.	24. Was diseese or injury In any wey related to occupetion of deceesed?
(Address) turitaling Tel	If so, specify
20. FILED (19. 35 M. 75 Short	(Signed)
Free / Registrar.	(Address) Everething Med., 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	9	Example II			
The principal cause of death and related causes of importance were as follows: SEP	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephrits BUREAU	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08819
1. PLACE OF DEATH	(131)
County Frederick	Registration Dist. No. 2
Village or City Jeogavill	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3. Oyrsmos	
2, FULL NAME Marsellus Claytor 1	Vachler (Veteran of mowear)
(a) Residence: No. Flagavelle Mo (Usual place of abode)	· St., Ward Land State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) The state of the word)	21. DATE OF DEATH Maguet 23, 193 5 (Month) (Day) (Year)
HUSBAND of Emma Riddlemoser	22. I HEREBY CERTIFY. That I attended deceased from May 8, 1935, to any 23, 1935
6. DATE OF BIRTH (month, day, and year) Dec. 23/87/	I last saw h and alive on any 23 , 1935; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at #220-P-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
63 8 O ormin.	were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SawyER, BOOKKEEPER, etc Sawy Mulls	My regulation from 17/3
Industry or business in which work was done, as SILK MILL,	744 potensis July 1/2
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and the same time) spant in this spant in this	Chine neghetes
this occupation (month and oct 34 spant in this 40 year)	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:
(State or country)	7 Ly precensor May 13
13. NAME Halpantel J. Wacht	
13. NAME Massacht Machte	Name of operation
(State of Country)	What test confirmed diagnosis? Classes Was there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did Injury occur?
17. INFORMANT MAS. Commp R. Wachle (Address) In a derich mad. R. S.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MA Dut Date Mary 16, 19.3.	Manner of Injury
19. UNDERTAKER M. R. CHILLISON Son	Nature of injury
20. FILED 24-aug, 1935. Dia . The Curl	(Signed) Gally June M. D. (Address) Affairm May
If more blanks dre needed, address State Registrar,	2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car	Date of onset
	1 tecch ayo
The state of the s	1 week ago
7 Peritonitis	3 days ago
Other contributory causes of importance:	
3 Gastroenteritis	1 year
	Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

ARGIN RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1,921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Example I		Example II	
The principal cause of de of importance were as follows	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	"ILOLIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 5 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V	S		
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

ARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: CIVEI	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis SEP 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		the first and the second of the second	197/80

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TENTALIONAL	DI ZIUL	LOIL	T. OTCLITTING	DITITION	DI	THEFT

